

JPRS-TEP-90-012  
28 AUGUST 1990



---

# ***JPRS Report***

# **Epidemiology**

---

**AIDS**

# Epidemiology AIDS

JPRS-TEP-90-012

## CONTENTS

28 AUGUST 1990

[This EPIDEMIOLOGY report contains only material on AIDS. Other epidemiology topics will be published in a later issue.]

### SUB-SAHARAN AFRICA

#### BOTSWANA

Official Details Mahalapye AIDS Situation [Gaborone Domestic Service, 12 Aug 90] ..... 1

#### BURUNDI

3,000 AIDS Cases Detected [Bujumbura Domestic Service, 24 Jul 90] ..... 1

#### CAMEROON

Inaccessibility 'Perhaps' Raises AIDS Count  
[Wafu Mongo; Yaounde CAMEROON TRIBUNE, 17 Apr 90] ..... 1

Breakdown of AIDS Cases by Age, Sex  
[Waffo Mongo; Yaounde CAMEROON TRIBUNE, 12 Apr 90] ..... 2

Public Health Minister on Kenyan AIDS Drug [Yaounde Domestic Service, 2 Aug 90] ..... 2

#### GABON

Study Shows 1,000 New AIDS Cases Annually [Libreville L'UNION, 21 May 90] ..... 3

#### GHANA

AIDS Cases Rise From 26 to 1,226 in Three Years [Accra Domestic Service, 15 Aug 90] ..... 3

#### KENYA

Kemron Drug Test Results Termed 'Inconclusive' [London AFRICA ANALYSIS, 8 Jun 90] ..... 3

Moi Launches Anti-AIDS Drug [Nairobi Domestic Service, 27 Jul 90] ..... 3

#### NAMIBIA

Nujoma Calls For All To Help Fight AIDS [Windhoek Domestic Service, 5 Jul 90] ..... 4

#### SENEGAL

Pilot Program for AIDS High Risk Group [Dakar LE SOLEIL, 14 May 90] ..... 5

#### SOUTH AFRICA

AIDS in Children on the Rise [Johannesburg SAPA, 17 Jul 90] ..... 5

Health Department Reports Number of AIDS Cases on Rise [Johannesburg SAPA, 18 Jul 90] ..... 5

Western Cape AIDS Figures 'Doubled' in 1990 [Johannesburg SAPA, 4 Aug 90] ..... 6

Academics Note Natal AIDS Statistics [Johannesburg SAPA, 9 Aug 90] ..... 6

AIDS Figures Growing 'More Than' 100 Percent Year  
[Johannesburg SATURDAY STAR, 18 Aug 90] ..... 7

AIDS More Frequent in Transvaal [Johannesburg SAPA, 17 Aug 90] ..... 7

## TANZANIA

- Comment Reveals Widespread AIDS Cases  
[Milan T. Makoye; *Dar es Salaam DAILY NEWS*, 3 Jul 90] ..... 7

## UGANDA

- AIDS Program Director Addresses Workshop [Nairobi KNA, 3 Aug 90] ..... 7

## ZAMBIA

- AIDS Increasing Number of Orphans [Lusaka *TIMES OF ZAMBIA*, 23 May 90] ..... 7  
Age Figures on AIDS From 1986-1990 [Lusaka *TIMES OF ZAMBIA*, 20 Jun 90] ..... 8

## ZIMBABWE

- AIDS Cases Now Total 3,134 [Johannesburg SAPA, 18 Jul 90] ..... 8  
AIDS Council Chairman Cites Incidence of Disease  
[Johannesburg International Service, 5 Aug 90] ..... 8  
District Doctor Warns on Spread of AIDS [Johannesburg SAPA, 7 Aug 90] ..... 8  
Welfare Worker Warns AIDS Will Kill Youths by 2000 [Johannesburg SAPA, 8 Aug 90] ..... 9

## CHINA

- Shandong AIDS Prevention Committee Established [Jinan Shandong Provincial Service, 13 Jul 90] ..... 10

## EAST ASIA

### FIJI

- 6 Exposed to AIDS; Victim Count in Pacific Islands [Hong Kong AFP, 16 Aug 90] ..... 11

### HONG KONG

- Research Center for New AIDS Drug  
[Caitlin Wong; *SOUTH CHINA MORNING POST*, 19 May 90] ..... 11

### SOUTH KOREA

- Update on HIV-Positive Cases So Far This Year [Seoul YONHAP, 7 Aug 90] ..... 12  
KCNA on ROK AIDS Caused by 'American Way of Life' [Pyongyang KCNA, 13 Aug 90] ..... 12

### THAILAND

- 20,200 AIDS Carriers Nationwide [Bangkok *THE NATION*, 16 Aug 90] ..... 12  
Rapid Spread of AIDS, Preventive Measures Discussed [Bangkok *BAN MUANG*, 27 May 90] ..... 12  
Health Official on AIDS Budget, Lamphun Morbidity [Bangkok *DAO SIAM*, 22 Jun 90] ..... 13  
Paper Comments on AIDS Incidence by Risk Group [Bangkok *DAO SIAM* 21 Jun] ..... 13  
AIDS in Army Region 3 [Bangkok *NAEO NA*, 6 May 90] ..... 13  
Chiang Mai AIDS Statistics [Bangkok *NAEO NA*, 30 May 90] ..... 14  
Columnist Asks More Government Action, Law on AIDS  
[Ta Ma Lo; Bangkok *BAN MUANG*, 17 Jun 90] ..... 14

## EAST EUROPE

### CZECHOSLOVAKIA

- Supplementary AIDS Test Developed [Prague *HOSPODARSKE NOVINY*, 10 Aug 90] ..... 16

## POLAND

- Hosts for AIDS Meeting [Warsaw Domestic Service, Jul 90] ..... 16

## ROMANIA

- More Than 700 AIDS Cases [Bucharest ROMPRES, 2 Aug 90] ..... 16

## YUGOSLAVIA

- Belgrade 'Most Affected' by AIDS [Belgrade BORBA, 12 Jul 90] ..... 16

## LATIN AMERICA

### INTER-AMERICAN AFFAIRS

- Caricom Health Ministers Begin Two-Day Meeting [Bridgetown CANA, 19 Jul 90] ..... 17

### ARGENTINA

- Hospital Director Reports AIDS Totals [Buenos Aires Domestic Service, 1 Aug 90] ..... 17

### BRAZIL

- AIDS Incidence in Federal District [Brasilia CORREIO BRAZILIENSE, 26 Jun 90] ..... 17  
Government Admits Presence of HIV 2 Virus [Sao Paulo FOLHA DE SAO PAULO, 7 Jul 90] .... 17  
Cases of AIDS on Rise in Armed Forces [Sao Paulo O ESTADO DE SAO PAULO, 17 Ju 90] ..... 18  
68 Percent of Sao Paulo Inmates AIDS-Infected  
[Sao Paulo FOLHA DE SAO PAULO, 5 Jul 90] ..... 18

### COLOMBIA

- Incidence of AIDS Cases Overlooked ..... 19  
Effective Program Lacking [Bogota EL TIEMPO, 8 Jul 90] ..... 19  
Inadequate Care Described [Bogota EL TIEMPO, 8 Jul 90] ..... 20

### HONDURAS

- Survey Discloses 'Alarming' AIDS Increase [San Pedro Sula TIEMPO, 28 May 90] ..... 20  
Health Ministry Warns of AIDS in Armed Forces [Panama City ACAN, 16 Aug 90] ..... 21  
220 Additional AIDS Cases [Covadonga Lastra; San Pedro Sula LA PRENSA, 1 Jul 90] ..... 21

### PERU

- AIDS Developments Reported ..... 23  
250 Cases in Country [Lima EXPRESO, 26 Jun 90] ..... 23  
Discrimination Described [Lima EL COMERCIO, 19 Jun 90] ..... 23  
Huacho Reports 28 Cases [Pedro Yauri; Lima EL NACIONAL, 18 Jun 90] ..... 24  
Trujillo Reports 12 Cases [Santiago Lopez; Lima EL NACIONAL, 20 Jun 90] ..... 24

## NEAR EAST & SOUTH ASIA

### INDIA

- More Possible, Confirmed AIDS Cases ..... 25  
Cases in Manipur [Calcutta THE STATESMAN, 31 May 90] ..... 25  
AIDS Among Prostitutes [Jaya Menon; New Delhi SUNDAY MAIL, 10 Jun 90] ..... 25

### PAKISTAN

- Spread of AIDS Cases [Islamabad THE MUSLIM, 18 Aug 90] ..... 25

## SOVIET UNION

- Official Urges Further Assistance in Anti-AIDS Fight  
[Moscow ARGUMENTY I FAKTY No 29, 21-27 Jul 90] ..... 26

## WEST EUROPE

### CANADA

- Health Minister's New AIDS Strategy Criticized  
[Sharon Kirkey and Chris Hall; Ottawa THE OTTAWA CITIZEN, 29 Jun 90] ..... 28
- AIDS New Center, Health Workers' Protection, HIV Study ..... 28
- New Treatment Registry Center [Kelly Toughill; THE TORONTO STAR, 28 Jun 90] ..... 28
- Health Care Workers' Protection [Vancouver THE SUN, 3 Jul 90] ..... 29
- HIV Incidence Project [Windsor THE WINDSOR STAR, 12 Jul 90] ..... 29

### DENMARK

- Anonymous Register For HIV-Infected [Copenhagen INFORMATION, 27 Jun 90] ..... 30
- Sex Habits Of HIV-Infected Studied [Ritzau; Copenhagen LAND OG FOLK, 23-24 Jun 90] ..... 30

### FINLAND

- Soldiers Returning From Namibia Boost AIDS Figure  
[Helsinki HELSINGIN SANOMAT, 19 Jun 90] ..... 30

### SWEDEN

- Researcher Defends Isoprenosin in HIV Treatment  
[Lars-Ingmar Karlsson; Stockholm DAGENS NYHETER, 21 Jul 90] ..... 31
- Only 1 of 32,000 Pregnant Stockholmers HIV-Positive  
[Pia Skagermark; Stockholm DAGENS NYHETER, 13 Jul 90] ..... 31
- Scholar Argues Free Syringes Reduce HIV Rate  
[Kerstin Tunving; Stockholm SVENSKA DAGBLADET, 23 Jul 90] ..... 32

## BOTSWANA

### Official Details Mahalapye AIDS Situation

MB1208141690 Gaborone Domestic Service in English  
1125 GMT 12 Aug 90

[Text] The technical head of the Mahalapye AIDS committee, Dr. Kgwazi Islam, has appealed to various organizations, committees, and Botswana in general to help combat the spread of the disease.

In an interview with BOPA last week, Dr. Islam disclosed that in the Mahalapye area alone 47 people have tested HIV-positive. He said the ages of the victims range from 17 to 37 years. Four children under the age of two have already tested positive, and one of them is already dead.

Out of the 47, 23 are females. He appealed to politicians, nongovernmental organizations, and churches to assist health personnel and the government in curbing the spread of the disease through an education campaign.

Dr. Islam pointed out that the burden of AIDS could not be left on the shoulders of health workers alone, as the disease is a worldwide problem.

He stressed that people should change their sexual behavior, practice safe sex, and should abandon promiscuity to prevent the disease from spreading at a high rate.

Dr. Islam called on Botswana to accept people suffering from AIDS as part of them, and should not feel that the victims should be quarantined.

He said the Mahalapye hospital has a counseling mechanism for AIDS victims, and information dealing with people with AIDS and the affected relatives.

## BURUNDI

### 3,000 AIDS Cases Detected

EA2507074090 Bujumbura Domestic Service in French  
1800 GMT 24 Jul 90

[Summary] The director of the national AIDS program met Burundian chemists yesterday to discuss AIDS in the country. The latest official figures disclosed during the meeting show that Burundi has 3,000 cases, excluding those who are seropositive. Three units of condoms, usually sold at 200 francs, are now to be sold at 20 francs and are to be made permanently available in bars, restaurants and night clubs.

## CAMEROON

### Inaccessibility 'Perhaps' Raises AIDS Count

90WE0235A Yaounde CAMEROON TRIBUNE  
in French 17 Apr 90 p 3

[Article by Wafo Mongo: "AIDS in the Spotlight"; first paragraph is CAMEROON TRIBUNE introduction]

[Text] UNESCO Inter-club's Cultural Week, whose activities ended last Friday afternoon, was dominated by a conference on the fight against AIDS.

The Chinese lanterns at the Yaounde Hilton Hotel went out Friday evening on the Yaounde UNESCO Inter-club's cultural week. Sessions began with a conference whose theme was "the fight against AIDS." Starting at 3 PM last Wednesday, the many conference participants listened from start to finish to the explanations of the different speakers concerning the terrible disease. The speakers included Dr. Leopold Zekeng, a physician at the Yaounde University Hospital Center (UHC) representing Professor Kaptue Lazare, president of the National Committee to Combat AIDS, who was unable to come, and Miss Sylviane Ranoro, WHO administrator and chief physician of the worldwide program against AIDS.

They defined in turn what AIDS is, the different ways it can be transmitted, prevention of the scourge, its clinical manifestations and symptoms, and the local situation. 155 cases already have been reported locally and over half the patients are dead, according to Dr. Zekeng. "It is not a very reliable figure and may even fall short; it must be multiplied by at least two or three because of remote areas that have not yet been counted," he said. For those who are skeptical, the disease is indeed with us. We must redouble our efforts to avoid it.

As far as Miss Ranoro is concerned, AIDS can only be prevented by information, education, consciousness-raising, training, and communication, not to mention changes in behavior.

On Thursday, the presidents and members of all the Yaounde UNESCO clubs had already met in committee in the University of Yaounde UNESCO club room, to take an initial stock of their association's activities. During this first year, the Inter-club worked nonstop to create new clubs in the city, organize cultural weeks such as music week and anti-AIDS week, and strengthen collaboration with foreign federations.

That, moreover, is what emerges from the report presented by Mr. Eric Tchabou, president of Yaounde's UNESCO Inter-club and a student in the schools of law and economics at Yaounde University. With a view to exchanges between foreign federations, the presidents of Yaounde city UNESCO clubs will travel to Chad, Togo, and Nigeria next July and August.



**Breakdown of AIDS Cases by Age, Sex**

90WE0235B Yaounde CAMEROON TRIBUNE  
in French 12 Apr 90 p 4

[Article by Waffo Mongo: "Inform and Educate Above All"; first paragraph is CAMEROON TRIBUNE introduction]

[Text] In health, AIDS is still public enemy number one. The only weapon against this social scourge for which there is still neither cure nor vaccinal preventive treatment is information and education.

It was with this in mind that the governor of Central province, Mr. Namvou Benoit, kicked off a provincial seminar on AIDS information, education, and communication yesterday at OCEAC (Coordinating Organization for Great Endemic Diseases of Central Africa). In Mr. Namvou's view, the seminar aims to achieve precise goals for the province. These include spurring health officials, in collaboration with other partners, to plan the AIDS information, education, and communication (IEC) activities throughout the province, updating the knowledge of participants in the provincial anti-AIDS committee, making them understand the importance of information, education, and communication in the fight against AIDS, and drafting a program of IEC activity for the province.

According to seroepidemiological studies done in 1988, the virus-carrier prevalence rate is 0.5 percent in the 15- to 44-year-old age bracket. Among prostitutes the seroprevalence rate ranges from 7.1 percent in Yaounde to 8.1 percent in Meiganga; the rate is 1.3 percent among

pregnant women. Moreover, the latest studies show that the national prevalence rate has jumped from 0.5 to 1 percent. This is very important. For in the estimation of Dr. Roger Salla, who presented the seminar's first topic, this 1 percent means that about 70,000 people are carriers who are healthy but spreading the HIV virus. And in the near future, in five or six years, we may have thousands of people in whom the disease has developed. As the capacity of health facilities is very limited, the problem could become dramatic. This underscores the importance of AIDS, against which we must redouble our fight lest we be overwhelmed.

The seminar's menu includes several presentations whose topics were judiciously chosen by officials of the anti-AIDS committee.

The seminar, coordinated by Dr. Ze Mvondo Emmanuel, the Central province's provincial public health delegate, was organized by Nwatsok's Dr. Kedi, chief provincial physician of Central province's preventive and rural medicine. Sessions end today.

**Status of the Disease in Cameroon**

I. Total Number of Clinical Cases on Date of Report: 155 cases as of 15/3/1990.

**II. Distribution by Period:**

1985-1986 Dec—21; 1987 Jan-Jun—4; 1987 July-Dec—16; 1988 Jan-Jun—15; 1988 July-Dec—18; 1989 Jan-July—23; 1989 July-Dec—37; 1990 Jan-Mar—21; Total [number of] cases, 155.

**III. Distribution by Age, Sex, Deaths [see table]:**

Age	Years	0-4	5-14	14-19	20-29	30-39	40-49	50-59	60+	Total
Male	Cases	7	1	2	15	18	9	8	2	62
	Deaths	6	0	1	11	10	7	6	2	43
Female	Cases	9	0	7	24	30	13	8	2	93
	Deaths	9	0	6	20	20	9	8	2	74
Total	Cases	16	1	9	39	48	22	16	4	155
	Deaths	15	0	7	31	30	16	4	4	117

**IV. Eight [as published] Risk Factors:**

- A. 18 imported cases
- B. 11 cases involving prostitutes (6 Cameroonians plus 5 from Central Africa)
- C. 1 Cameroonian homosexual
- D. 5 cases due to probable transmission via transfusion
- E. 16 cases of maternal-fetal transmission
- F. All others: heterosexual

**Public Health Minister on Kenyan AIDS Drug**

AB0208201990 Yaounde Domestic Service in English  
1800 GMT 2 Aug 90

[Text] The Kenyan-made drug, Kemron, which has been produced as a cure for the Acquired Immune Deficiency

Syndrome, AIDS, is currently being studied by authorities of the World Health Organization for efficacy. This morning in Yaounde, Public Health Minister Joseph Mbede, addressing the national media, said it is only at the end of the experiments that the drug will be adopted for public use or rejected. Meantime, last week in Nairobi, Kenyan President Daniel Arap Moi, while handing over the [word indistinct] to the WHO, said it had cured 52 people suffering from the AIDS disease. However, he added that the discovery was not an end in itself, but should serve as a spur to other scientists to pursue research on the cure of AIDS.

## GABON

### Study Shows 1,000 New AIDS Cases Annually

90WE0268B Libreville L'UNION in French  
21 May 90 p 3

[Text] The latest survey study done in Libreville and the interior of the country provided an estimate of the number of clinical cases of seropositivity in Gabon. Libreville's study, which involved 386 adults aged 15 to 44 years, showed an HIV-1 seropositivity rate of 2.2 percent, or an increase of 0.4 in 3 years (1.8 percent in February 1986). Since the capital's adult population is estimated at 175,000, there are thus approximately 4,000 seropositives.

In the interior, an average of 0.6 percent of subjects in the adult population, estimated at 500,000, are seropositive, or around 3,000 individuals.

Thus, the incidence in Libreville is 0.13 percent a year. Hypothesizing an identical incidence in the provinces, researchers estimate that the number of new seropositives each year is 250 for Libreville and 650 for the rest of the country. [This makes] a total of 1,000 new seropositives a year: 1990 (8,000); 1991 (9,000); 1992 (10,000); 1993 (11,000); 1994 (12,000); 1995 (13,000).

## GHANA

### AIDS Cases Rise From 26 to 1,226 in Three Years

AB1608152690 Accra Domestic Service in English  
1300 GMT 15 Aug 90

[Excerpt] A National Advisory Council on AIDS was inaugurated in Accra today by the PNDC [Provisional National Defense Council] secretary for health, Nana Ekuaku Sarpong. It seeks to bring new impetus to the program of AIDS control in the country by identifying resources for the prevention and control of AIDS and encouraging research activities relating to AIDS. Nana Yaa Agyeman reports on the inaugural ceremony.

[Begin Agyeman recording] Between 1986 and the end of 1989, reported cases of AIDS have increased from 26 to 1,226. This means that nine out of every 1,000 people in this country have AIDS. In spite of this alarming figure, people appear to be more and more uninterested in the public education campaign against AIDS. That, among other reasons, led to the formation of the National Advisory Council of AIDS representing a broad spectrum of bodies and institutions, both official and unofficial. [passage omitted] [end recording]

## KENYA

### Kemron Drug Test Results Termed 'Inconclusive'

90WE0255 London AFRICA ANALYSIS in English  
8 Jun 90 p 1

[Text] Geneva—The World Health Organisation is preparing a report on the five-nation test of the Kenyan-developed AIDS drugs, kemron (AFRICA ANALYSIS No 93), which President Daniel arap Moi last week announced would be on sale in August. The report, which should be published by next month, covers trials in Nairobi, Abidjan, Brazzaville, Harare and Yaounde—and states that the results were 'inconclusive.'

Although the WHO is maintaining a diplomatic silence over Moi's announcement that kemron is probably the first effective anti-AIDS drug, officials are known to be furious.

Of particular significance is the fact that scientists in Harare decided on their own initiative to conduct 'double blind' testing, giving one group of patients a harmless placebo and another the recommended dosages of kemron. There was no sign of any dramatic breakthrough.

According to the Kenyan developers of the drug, an interferon which is administered in small doses, there is a 'significant clinical improvement' in most patients after four to six weeks, with signs of a reversal of the disease. The test reports so far submitted—it is understood that Brazzaville has still to report—do not bear out this optimism.

### Moi Launches Anti-AIDS Drug

EA2707155090 Nairobi Domestic Service in English  
0715 GMT 27 Jul 90

["Live Relay" of speech by President Daniel arap Moi at the Kenyatta International Conference Center in Nairobi]

[Excerpts] Distinguished guests, ladies and gentlemen, as you may recall, during this year's Madaraka Day [1 June], I announced that I would be launching the anti-AIDS drug later in the year. That day has come and it is, therefore, with immense joy that I preside over this auspicious and historic event, in itself a remarkable milestone in the development of science and technology in our land. [passage omitted]

Over the ages, man has, through his unique mental ability and other endowments, realized tremendous achievements for his comfort, welfare, and sustenance of life, but with the advent of the disease AIDS, the clock seems to have been wound backwards, AIDS has struck and assumed epidemic proportions, leaving a trail of death, helplessness, and despair to its victims. It threatens the foundation of human civilization and the existence of mankind, showing how vulnerable man is even with his modern technological advancements.



Ladies and gentlemen, AIDS is a very disturbing, bewildering, and devastating disease. One of its most vicious and horrifying aspects is that, by its very nature of transmission, it strikes mainly at those members of the human society who are economically active and useful, thereby unleashing catastrophic consequences in all fronts of human progress. Nasty as it is, the reality must be squarely faced and all possible solutions sought to combat the disease.

It is commendable the way the global community has risen up to this challenge and continues with resolve to search for a cure for the disease. We are happy to be part of the global campaign in the campaign against AIDS.

As soon as the ravages of the disease became known to us, we embarked on a vigorous campaign through public education and information on one front. Clinical surveillance and scientific research on the other to control the spread of the disease. I am gratified that all our efforts in all these fronts have yielded good results.

Today, our national AIDS control program is one of the best programs and a model for many other countries in the world. In the clinical field we continue to monitor closely all those who have tested positive for AIDS as well as to screen all donated blood to ensure that it is free from contamination by the AIDS virus.

On the research front, we are grateful to the Kenya medical Research Institute (Kemri) for its unique contribution in the development of the anti-AIDS drug, now popularly known as Kemron. When the director of Kemri announced in December last year that Kemri with its collaborators, had developed a drug against AIDS, some people could not believe that a country like Kenya with its limited resources, had the human resources and the scientific ability for such a breakthrough. We may not have all the resources at our disposal but we have the courage and determination to direct all our energy and talent to a noble cause that serves to improve human life.

In view of wide and closely monitored clinical trials both in Kenya and in other parts of the world, Kemron has proved to be an effective and safe drug in the treatment and management of AIDS. Used correctly, the drug has minimum side effects of no adverse consequences to human life, and arising from the very encouraging and positive results obtained in the clinical trials, my government has already registered the drug for clinical use.

Ladies and gentlemen, the registration of Kemron for clinical use is a very bold and practical move, Kemron may not be the all out cure for AIDS, but, since it has proved to successfully alleviate the signs and symptoms commonly associated with the disease, we would be doing humanity a disservice if we did not act fast enough and make the drug available for those who need it.

A touch of human compassion should embrace any human mission. We cannot, therefore, afford to wait for an eventual cure or perfection of Kemron when thousands of our fellow men, women, and children are

suffering from the disease and when by the grace of god we have a drug that alleviates their suffering and gives them a new lease of life.

As I launch the drug, I would like to express my most profound gratitude and appreciations to Kemri, all the institutions and individual scientists who have participated in the development of Kemron. In particular, I would like to thank the Amarillo Cell Culture Company based in Texas and the Hayashibara Biochemical Laboratories of Japan for their invaluable contribution in the development of the drug. [passage omitted]

You have all done a commendable job, but the struggle is not yet over. And I would like to advise everybody not to get loose simply because Kemron is now available. You must not be complacent, but must continue to fight in the noble task of eradicating this dreaded disease.

Even when the most fulsome cure is found, the saying—prevention is better than cure—will continue to be the surest safeguard against infection. I therefore appeal to all Kenyans that even with Kemron being available, they must not take chances but instead should follow the precautionary guidelines routinely issued by the Ministry of Health in order to protect themselves from this scourge.

## NAMIBIA

### Nujoma Calls For All To Help Fight AIDS

MB0507090290 Windhoek Domestic Service  
in Afrikaans 0600 GMT 5 Jul 90

[Text] President Sam Nujoma has called on all institutions, organizations, and especially individuals, to help the Ministry of Health and Social Services in its efforts to prevent the spreading of AIDS.

Speaking at the launch of Namibia's first national AIDS control program last night, Mr. Nujoma said the only weapon against the disease is to inform and educate the public in order to encourage a changed attitude toward intimate relationships, and to bring to their attention that there is no medical cure for AIDS.

The WHO representative in Namibia, Mr. David Tembi, says a worldwide effort similar to the one launched against smallpox in the seventies, is required to combat AIDS, if a human tragedy is to be averted. According to Mr. Tembi, one out of every 50 people in African countries south of the Sahara is already infected with the AIDS virus, while close to 400,000 babies were born with AIDS in Africa during the first half of the current year.

He confirmed that the WHO was giving its full support to Namibia's AIDS control program, and would be contributing financial and technical aid.

## SENEGAL

### Pilot Program for AIDS High Risk Group

90WE0236C Dakar LE SOLEIL in French  
14 May 90 p 3

[Text] Participants in the workshop-seminar on "promoting health in the fight against AIDS" were particularly interested in Senegal's experiment managing a high-risk behavior group. The institutional framework for the experiment, which is under way in Kaolack, is a project financed by WHO and the Ford Foundation with the technical support of the Dakar-Tours-Limoges-Harvard Interuniversity Agreement. It aims to retrain and socially reintegrate prostitutes. The goal is to "improve the physical, psychological, emotional, and sociological condition of these women through primary health care and family life education."

The choice of Kaolack was justified by the high, 28-percent rate of AIDS-virus carriers among prostitutes there (the rate is under 1 percent among the general population) and by the growing number of unwed mothers without incomes readily turning to prostitution. In addition, Kaolack offered more chances to collaborate with health facilities already in place. The region, which is a peanut- and millet-growing basin, also provides opportunities for retraining income-generating productive activities.

A procedure for reaching stated objectives was defined. Initial tasks included identifying target groups, studying environmental conditions, educating the women, monitoring their health and psychological state, and that of their children, and providing medications and condoms. The second phase was to be devoted to the formation of women's groups, to choosing income-generating activities with them, to training them in the work, and to setting up the equipment and necessary resources to get them started.

To ensure the survival of the project, a system of symbolic financial participation by the prostitutes was instituted, ranging from 10 to 50 percent of the cost of the medicines. The sums collected are deposited in a frozen bank account whose funds will eventually make the project self-financing.

Medically, the project was to enable an epidemiological study of mother-child and heterosexual AIDS transmission to be conducted. The purpose of the health-education component was to instill in prostitutes the habit of managing their own health through hygiene and sanitation, prenatal consultations in case of pregnancy, vaccination of children, treatment of illnesses, family planning, nutritional monitoring, and so forth.

The manufacture and sale of peanut paste was used as a test case of an income-generating activity. According to estimates, this line of work can bring in between 600,000 ET and 1,200,000 CFA [African Financial Community] francs monthly depending on whether the product is sold

in Kaolack or Dakar, where the price of a kilo of peanut paste is 350 to 500 francs, respectively. These estimates are valid for 2,000 kilos of paste distributed monthly and for a raw-peanut purchase price of 70 francs a kilo.

## SOUTH AFRICA

### AIDS in Children on the Rise

MB1707173190 Johannesburg SAPA in English  
1438 GMT 17 Jul 90

[Text] Twelve infants between the ages of one month and 2-1/2 years have died of AIDS in the past year at Baragwanath Hospital in Soweto, reports SABC [South African Broadcasting Corporation] radio news.

A pediatrician at the hospital, Dr. Ian Friedland, said more than 30 babies with HIV-infection had been diagnosed at the hospital since May last year. Twelve had died, but he was uncertain about the condition of the other babies as they were no longer brought to the hospital.

Dr. Friedland said the infants had contracted the disease from their mothers and ruled out the possibility that they could have contracted it through blood transfusions.

He said specific treatment for HIV-infection in infants was not available at Baragwanath Hospital and that only symptoms could be treated.

Dr. Friedland said there was an increase in the incidence of HIV-infection in children with seven cases having been diagnosed at the hospital last year and 25 this year.

### Health Department Reports Number of AIDS Cases on Rise

MB1807175290 Johannesburg SAPA in English  
1642 GMT 18 Jul 90

[Text] Pretoria, July 18, SAPA—This year has seen the total number of South African AIDS cases rise to 430, according to the Department of Health and Population Development.

In a statement issued on Wednesday, the department said that as of June 21 there were 430 notified South African cases of AIDS. In 1982 there were two.

There had been 17 deaths from the syndrome this year, the statement said.

With regard to the geographical distribution of the syndrome, the department listed 34 cities, towns and areas. Johannesburg had the highest number—179 cases. Cape Town had 71, Durban 61, Pretoria 20, kwaZulu 20, Pietermaritzburg 14, Bloemfontein 10, East London three and Port Elizabeth two.

The statement noted the change from a predominantly homosexual pattern in the country (pattern I) to a

predominantly heterosexual pattern (pattern II), which predominated throughout Africa.

Correct education about sex was essential in the fight against AIDS, the department said. It was not a purely medical problem.

"There is no cure for AIDS nor vaccine against HIV infection yet," the statement said. "The only way to prevent the spread of the virus is through education of the population.

"It is only when individuals adhere to safe sex practices, or stick to one-partner relationships, that the tide of the pandemic will be stemmed," the department said.

#### Western Cape AIDS Figures 'Doubled' in 1990

MB0408145190 Johannesburg SAPA in English  
1251 GMT 4 Aug 90

[Text] Cape Town Aug 4 SAPA—The rate of HIV infections—which could lead to AIDS—has doubled among the black population, as well as among heterosexuals, in the western Cape.

According to the latest figures released by the Cape Town City Council Health Department and the University of Cape Town's [UCT] virology department:

- There were 168 HIV-infected cases last year, while 149 cases were recorded in only six months this year.

- While only 19 cases (nine deaths) of full-blown AIDS were recorded last year, 20 cases are already being treated since January this year, with nine deaths.

- It was also found that the number of virus infections was now doubling every nine months.

"The spread of the HIV disease in the western Cape is following the same pattern as the rest of the country," said Dr Michael Popkiss, Cape Town's medical officer of health.

"It is almost certainly spreading by heterosexual sexual transmission and is increasing in the black population," he said.

Dr Popkiss emphasised however that the method used to obtain the figures was "biased" as it was taken only from self-referrals, people suspected of diagnosis and prisoners.

According to a spokesman for the UCT virology department, "good networking" among the homosexuals in Cape Town could have been the result of lower AIDS figures among that group.

A breakdown of the figures from the department shows that of the 593 infectious HIV-positive people tested in the western Cape since 1985, 138 were in the homosexual category and 301 were "unknown risk factors."

The department declined to break down the figures into race groups because of the sensitivity of the subject.

He said the lower figure among homosexuals could perhaps also be attributed to "a withdrawal from testing."

#### Academics Note Natal AIDS Statistics

MB0908134890 Johannesburg SAPA in English  
1327 GMT 9 Aug 90

[Text] Durban—There are at least eight AIDS infected prostitutes presumably still "soliciting" around Natal, while the highest incidence of AIDS has been detected in 11 percent of black women aged between 15 and 25 years.

These statistics, confirming a spiraling increase of HIV infection in the heterosexual black population, come from the Department of Medicine and Virology at the Natal University Medical School.

After testing 94 prostitutes between January and March this year, it was found that 8.51 percent of them were HIV positive. These women would have been cautioned and counseled, but there is not necessarily any further contact with them or surveillance after the AIDS test.

Data derived from surveys done at the sexually transmitted diseases (STD) clinic at King Edward VIII Hospital in Durban give an indication of the AIDS pattern.

"The highest incidence (11 percent HIV positivity) has been detected in African women between the ages of 15 and 25 and in African men between 25 and 35 years (7.5 percent HIV positivity)," says Natal virologist, Dr Isobel Windsor.

Four key groups have been identified (in terms of a WHO recommendation) and constant surveillance by Natal's Department of Virology is conducted in these groups. They are healthy women attending antenatal clinics, newly detected tuberculosis cases, people attending STD clinics and commercial sex workers (prostitutes).

"Over the past three to four years the Natal regional virus laboratory has gradually established surveillance surveys in each of these areas with a total of 510 confirmed infections between January and June this year—the majority occurring in the heterosexual black population," says Professor Dennis Pudifin and Dr Isobel Windsor (both from the department of medicine and virology at Natal's medical school).

From these surveillance programs it has been established that two percent of tuberculosis sufferers are HIV positive, between 2.4 and 4 percent of STD clinic attendees between March 1989 and March 1990, with rates of 5.13 percent in African women compared to 3.32 in African men.

### **AIDS Figures Growing 'More Than' 100 Percent Year**

*MB1808104690 Johannesburg SATURDAY STAR in English 18 Aug 90 p 7*

[Text] Cape Town—The HIV virus is now growing by more than 100 percent a year in South Africa, according to Sanlam [South African National Life Assurance Company] general manager Mr. Francois Marais.

Incidence of the infection doubled every 8 ½ months.

Presenting a R[and]50,000 cheque yesterday to the Planned Parenthood Association for AIDS information campaign, Mr. Marais said while homosexual infection was decreasing, heterosexual action was increasing and even overtaking it.

Recent research showed the most significant growth of AIDS infection was among black urban heterosexuals.

"It is alarming a recent survey indicated the majority of urban blacks oppose using condoms," Mr. Marais said.

However, the present spread of information was not proving enough to make people change their habits. Better programmes were needed.

About 10,000 copies of AIDS Scan, a booklet on the virus, and 22,000 other brochures have been distributed by the Sanlam AIDS Education Center in Cape Town.

### **AIDS More Frequent in Transvaal**

*MB1708115890 Johannesburg SAPA in English 1100 GMT 17 Aug 90*

[Text] Pretoria Aug 17 SAPA —A total of 228 cases of AIDS from the 455 cases reported since 1982 in the country, have been reported in the Transvaal.

According to statistics from the Department of National Health and Population Development 187 cases were recorded in Johannesburg.

In the Cape 82 cases, in Natal 132 cases and 13 cases in the Orange Free State were recorded up to 8/8/1990.

Altogether 245 cases were transmitted homosexually and 153 heterosexually.

## **TANZANIA**

### **Comment Reveals Widespread AIDS Cases**

*90WE0245 Dar es Salaam DAILY NEWS in English 3 Jul 90 p 1*

[Article by Milan T. Makoye]

[Text] The story carried by your newspaper, on June 20, 1990 with a headline: AIDS gets worse, no cure yet, cannot pass without my comment.

In that story Professor Mwakyusa is quoted as saying that Tanzania is estimated to have 40,000 people suffering from the AIDS syndrome.

This is likely to be a very conservative figure. People carrying HIV—and particularly at early stages of the disease, are "healthy". Those with full-blown AIDS or those approaching that stage could be the ones to be said to be about 40,000 people. So the number is certainly much much bigger.

The Professor also said the most hit regions in the country are Kagera, Dar es Salaam, Kilimanjaro, Arusha and Mbeya. It means there are regions which are less hit and those least hit!

The problem is that we are not straight forward on this problem. We are not honest to ourselves. AIDS is here with us. We have to find ways of fighting the syndrome and eradicating it from this country.

If Tanzanians will fail to fight the syndrome, others will and we can only wait for the consequences.

## **UGANDA**

### **AIDS Program Director Addresses Workshop**

*EA0408093790 Nairobi KNA in English 1030 GMT 3 Aug 90*

[Text] Kampala, August 3 (PANA)—The number of people infected with the AIDS virus in Uganda is estimated to be between one and three million, the director of the country's AIDS programme, Dr Samuel Okware, has revealed. Speaking Wednesday [1 August], during an AIDS workshop held at the Uganda Breweries, in the outskirts of Kampala, Okware also said that about 500,000 new cases will come up in 1990. He further revealed that there were more women dying of AIDS than men, the ratio being 53 to 47.

The level of infection among ante-natal mothers in Kampala, the capital, had soared up to 74 and 30 percent bore infected children. Between 15 percent and 24 percent of mothers in the city were infected with HIV. Between 15 percent and 30 percent of blood donors in the country had the virus.

He said to date there were 17,000 voluntary reported cases of AIDS sufferers as compared to 12,144 in 1989.

## **ZAMBIA**

### **AIDS Increasing Number of Orphans**

*54000046A Lusaka TIMES OF ZAMBIA in English 23 May 90 p 7*

[Article: "AIDS Increases Orphans, Says Expert"]

[Text] Zambia might have a large number of orphans in five years because of the impact of AIDS on society.



World Health Organisation (WHO) representative Dr Eric van Praag warned in Lusaka yesterday.

As at March Zambia had 3,000 reported cases and 10,000 AIDS-related diseases but the figure could be much lower than the actual incidence of the disease.

He said this is a technical update at Kara house, a session attended by medical personnel and other professionals in Lusaka Urban, Lusaka Rural and Luangwa districts.

Noting that tuberculosis cases have shot up with the advent of AIDS, as one of the first symptoms of AIDS, Dr van Praag urged Zambians to think more of the consequences of AIDS in the family.

The disease was prevalent among the upper middle class but over-reporting caused by people changing names and complaining of the same suspected cases at various health centres distorted figures. In the West there were cases of under-reporting.

Dr van Praag who said HIV-infected persons could not test negative for the first eight to 12 weeks (window period), said AIDS was a reality that Zambia now had to adjust to and live with alongside the rest of the world since it would be present for many years to come.

Co-factors enhancing the spread of AIDS were alcohol drinking which led to high sexual contact, genital ulcerations and abrasions.

These co-factors accounted for 70 percent of the spread while blood transfusions accounted for ten percent and antenatal or pregnancy infections (mother to child) 20 percent.

No transmission occurred via insects, clothing, food, water, skin contact, faeces and urine. Only through vaginal fluids, semen and blood did infection occur.

#### Age Figures on AIDS From 1986-1990

90WE0267B Lusaka TIMES OF ZAMBIA in English  
20 Jun 90 p 9

[Excerpt] The Ministry of Health recorded 3,000 AIDS cases for the period 1986 to April 20, 1990, an epidemiologist in the ministry, Dr Henson Hlomba, said yesterday.

Dr Hlomba could not give the latest data regarding deaths from the AIDS virus as some hospitals did not provide statistics but said 2,794 of the 3,000 cases reported had contracted AIDS through heterosexual activity.

He said 166 had contracted the virus through blood transfusions and unsterilised syringes while 31 children had contracted it from their mothers.

Giving the breakdown of AIDS cases in age groups, Dr Hlomba said that during the period under review, 185 cases had been reported for children between the ages of 0 to four years. Five and 14 years—12 cases, between 15

and 19 years—143 cases, between 20 and 29 years—903 cases, 30 and 39 years—1,043 cases.

The 40 and 49 years group reported 400 cases, between 50 and 59 years—64 cases and 60 and above—17 cases.

Those whose age was not specified numbered 224 cases. [Passage omitted]

## ZIMBABWE

### AIDS Cases Now Total 3,134

MB1807184190 Johannesburg SAPA in English  
1740 GMT 18 Jul 90

[Text] Harare July 18 SAPA—Another 777 AIDS cases, 181 of them in children up to the age of four, were reported by the Zimbabwean government on Wednesday, bringing Zimbabwe's AIDS total by the end of June to 3,134, ZIANA reports.

The latest figures are for the second quarter of this year, ending on June 30. A total of 725 cases were reported for the first three months.

The statistics, released by the AIDS programme control coordinator, Dr. Sylvester Marowa, said 229 of the sufferers were in the 20 to 29 age group and 231 were in the 30 to 49 bracket.

A breakdown for all age groups said 349 were women and 421 were men. The sex of the seven others was unspecified.

### AIDS Council Chairman Cites Incidence of Disease

MB0508133990 Johannesburg International Service  
in English 1100 GMT 5 Aug 90

[Text] The chairman of Zimbabwe's national AIDS council, Dr. McLeod Chitoyo, says Zimbabwe is one of the countries with the highest number of AIDS cases, with 263 out of every million people suffering from the disease. He said this meant that out of a population of nine million, 2,367 Zimbabweans were suffering from AIDS by the first quarter of this year.

In addition to this, more than 450,000 Zimbabweans were carriers of the AIDS virus. Dr. Chitoyo said that in the past six months 1,723 new cases of AIDS had been reported in Zimbabwe, a figure higher than the total number of cases reported in the country last year.

### District Doctor Warns on Spread of AIDS

MB0708125890 Johannesburg SAPA in English  
1142 GMT 7 Aug 90

[Text] Gweru Aug 7 SAPA—Five people have died of AIDS this year in the Gokwe District, in Zimbabwe, and about 80 others have been tested HIV positive,

according to the latest issue of the CHEZIYA GOKWE POST, which was monitored by the ZIANA National News Agency.

District Medical Officer Johnson Dongijena told the monthly newspaper that the number of AIDS cases in the district was likely to double by the end of this year.

"By the end of this year, we may have something like 200 cases, unless we do something about AIDS as a district, and do not leave everything to the Ministry of Health," said Dr. Dongijena.

He said AIDS cases in Gokwe were low in the past, but could rocket "if residents do not change their highly promiscuous behaviour".

"The situation is really getting out of hand and we call upon everyone to help us in creating an awareness of AIDS."

Many people did not believe the killer disease existed as they did not know who had died of AIDS.

An AIDS action committee has been formed in Gokwe to organise AIDS-awareness campaigns.

"The district AIDS committee will be spearheading the AIDS-awareness and control programmes for the district and it will be supported by Ministry of Health AIDS experts," said Dr. Dongijena.

#### **Welfare Worker Warns AIDS Will Kill Youths by 2000**

*MB0808133490 Johannesburg SAPA in English  
1157 GMT 8 Aug 90*

[Text] Harare—If Zimbabwean AIDS figures and projections proved correct, the country's young population would have died from the disease by the year 2000 and old people would have to control the economy, a Roman Catholic cleric said in Harare on Tuesday.

Fr. Ted Rogers, the executive chairman of Helpage Zimbabwe—a welfare organization for the aged—said government was not doing any proper planning for this eventuality, ZIANA National News Agency reported.

"By the turn of the century Zimbabwe will have a problem of old people. Most young people are going to die from AIDS and the old will have to look after the economy," he predicted.

Health Minister Timothy Stamps confirmed Fr. Rogers' fears, saying government was concerned at this alarming eventuality and was compiling its own figures and mapping out a strategy based on these projections.

Random testing of patients had revealed an infection rate of 51 percent in high risk groups, especially among those who came for treatment to cure sexually transmitted diseases.

"One has to plan for the worst, but hopes for the best," Mr. Stamps said.

Fr. Rogers agreed the problem was terrifying, but declined to confirm Mr. Stamp's message that "those who cannot curb their sexual appetite must use condoms".



**Shandong AIDS Prevention Committee  
Established**

*SK1407075590 Jinan Shandong Provincial Service  
in Mandarin 2200 GMT 13 Jul 90*

[Text] The Shandong Provincial Specialists Consultative Committee for Prevention and Control of AIDS was established in Jinan on 13 July. As a cooperation project of Shandong Province with the World Health Organization, this committee consists of 28 medical specialists, and will conduct its work by dividing itself into three groups—epidemiology, aetiology, and clinical medicine.

It is reported that our country has thus far discovered 194 AIDS patients and persons infected by the AIDS

virus. At present, the province has not seen any AIDS patients. However, because the province is located along the coast, and there are increasing contacts with foreigners, the prevention and control of the introduction, occurrence, proliferation, and spread of AIDS have already become an extremely urgent task of the province's public health work. It is reported that in the coming three years, eight cities and prefectures in the province will establish their AIDS monitoring centers to monitor the group of people with high a possibility of being affected by AIDS, to conduct health education, and to conduct scientific research. The provincial AIDS monitoring center, located at the provincial epidemic prevention station, has already been established.

## FIJI

### 6 Exposed to AIDS; Victim Count in Pacific Islands

BK1608102090 Hong Kong AFP in English 0915 GMT  
16 Aug 90

[Text] Suva—Fiji authorities confirmed Thursday that six people had tested positive for AIDS.

Acting government director of primary health and preventive services, Dr. Salik Govind, said the six were aged 19 to 56.

They had been exposed to the AIDS virus by sexual contact "as none of them have ever been out of the country," he said. Doctors were monitoring the cases.

"The victims are at risk if they are identified. They are living like normal people because they are healthy and don't have to be admitted to a hospital," Dr. Govind said.

A seventh victim, a married woman who contracted the virus from a sexual partner who had been exposed to it after a blood transfusion overseas, died in April.

Dr. Govind said the six were identified from a random survey of 15,000 tests performed since 1986.

Fiji and Pacific Island Governments have formed a regional effort to coordinate the fight to stop the spread of the disease which World Health Organization officials here believe could be controlled in this region.

Fewer than 50 positive tests for AIDS have been reported in the Pacific Islands—23 in Papua New Guinea, between eight and 12 in French Polynesia, four in Western Samoa, six in Fiji and one in Tonga.

Meanwhile, the Suva City Council in the Fiji capital released a report Thursday raising concern over a 36 percent rise in sexually transmitted diseases in the country's main metropolitan center over the past year.

It said the diseases have become a major social medical problem.

## HONG KONG

### Research Center for New AIDS Drug

54004071 Hong Kong SOUTH CHINA MORNING  
POST in English 19 May 90 p 2

[Article by Caitlin Wong]

[Text] Hongkong has been chosen as a manufacturing base for an unproven anti-AIDS drug to be tested in HIV carriers in Uganda.

The manufacturer, United States-based Washington Biolab Inc (WBC), is applying to the Hongkong Government for a licence to set up a research centre to produce

retrogen, a chemical compound it claims can effectively combat the HIV virus that causes AIDS.

The president of the company, Dr Paul Ki, said yesterday that the company had chosen Hongkong as its manufacturing base in Asia because it provided good air links and a pool of medical personnel.

While retrogen would not be marketed in Hongkong, the Ugandan Government agreed to the drug being used on some of the country's HIV carriers, Mr Ki said.

He said retrogen had been researched for three years and laboratory tests had proved it to be non-toxic.

Dr Ki said test results on retrogen would be submitted to the US food and Drugs Administration for approval. Rudimentary tests carried out by the Pasteur Institute in Belgium on the drug had yielded good results, he added.

Dr Ki said WBI was a registered research laboratory financed by private investors. It was set up three years ago and comprises a team of 10 researchers.

Retrogen is one of the pharmaceutical products WBI is researching. Dr Ki claimed the drug was able to kill the HIV virus as well as strengthen the immune power of the human body by inducing it to produce interferons, a substance that fights viruses.

Comparing retrogen to AZT, an oral drug now generally used to treat AIDS, Dr Ki said the former had few side effects except for a slight fever after every application, while AZT had been found to cause anaemia and cancer. It was also more expensive than retrogen, and required more frequent and larger doses.

The head of the AIDS Counselling and Education Service, Dr Patrick Li Chun-ki, said it was too early to draw conclusions about retrogen's success as its effects on the human body were still not known. "A lot of drugs which proved positive in the laboratory proved otherwise when applied on human beings," Dr Li said.

He has had discussions with Dr Ki about retrogen and said there were still many things not known about the drug. Dr Li said users might suffer chronic fatigue as a result of a high incidence of fever.

"But we are very interested in it and will be closely observing research progress of it. If it is proved to be effective, we might use it," he said.

In Hongkong, AZT is being used on AIDS victims and people suffering from AIDS-related complexes.

Dr Li said the benefits of AZT outweighed its risks and there was no proof it could cause cancer.

"It has only been found to be carcinogenic in animals in the laboratory but then the dosage is different," he said.

## SOUTH KOREA

### Update on HIV-Positive Cases So Far This Year

SK0708050690 Seoul YONHAP in English  
0454 GMT 7 Aug 90

[Text] Seoul, Aug. 7 (YONHAP)—Twenty-seven people have tested positive for the AIDS virus in South Korea this year, raising to 100 the number of Koreans confirmed HIV positive, the Health and Social Affairs Ministry said Tuesday.

Of the 82 males and 18 females, a full 50 percent acquired the deadly disease from foreigners abroad, 28 percent from Korean nationals, 14 percent from foreigners in Korea and the remaining 8 percent through blood transfusions.

It said 46 were in the 21-30 age group (37 males and nine females), 31 were 31-40 (23 males and eight females), 15 were 41-50 (14 males and one female), four males were 51-60, two under 10, one above 60 and one from 11-20.

It said 50 had worked abroad, 11 had worked in the entertainment industry and four lived abroad.

The first Korean tested HIV positive in 1985, the number rose to four in 1986, nine in 1987, 22 in 1988 and 37 in 1989. About 200 are expected to test positive this year.

Most of people infected by Koreans are homosexuals.

### KCNA on ROK AIDS Caused by 'American Way of Life'

SK1308053590 Pyongyang KCNA in English  
0529 GMT 13 Aug 90

[Text] Pyongyang—Two more AIDS cases have been reported from South Korea.

This year, more than 100 AIDS cases have been detected in South Korea where the corrupt and ailing American way of life is prevalent, causing public concern.

## THAILAND

### 20,200 AIDS Carriers Nationwide

BK1608030190 Bangkok THE NATION in English  
16 Aug 90 p 2

[Text] More than 140 Buddhist monks, some 60 policemen and 130 civil officials across the country tested positive for the human immunodeficiency virus (HIV) that causes the killer disease AIDS, a senior health official said yesterday.

Dr Thira Ramasut, the Communicable Disease Control Department's director general, revealed the records during a speech delivered at an AIDS conference of district chiefs and their deputies from all the 14 southern provinces in Phuket yesterday.

Thira said that at present a total of 20,200 people countrywide have been confirmed positive AIDS carriers. He said 144 Buddhist monks, 68 policemen and 130 civil servants tested positive for HIV.

The AIDS carriers also included house maids, beauticians as well as waiters and waitresses, Thira added.

The conference was held to create an awareness of AIDS and to urge the people to acquire information and knowledge on AIDS and ways to prevent it.

All the district officials who attended the conference were asked to bring along material about AIDS—including slides, posters, booklets and cassettes dealing with the AIDS virus—to inculcate an awareness of AIDS in the people in their localities.

### Rapid Spread of AIDS, Preventive Measures Discussed

90WE0233A Bangkok BAN MUANG in Thai  
27 May 90 pp 1,20

[Excerpts] [passage omitted] In the afternoon of 26 May at the Asia Ratchathewi Hotel there was a meeting of Thammasat University alumni of the 19th MBA class. Mr. Michai Wirarawathaya, a former government spokesman, gave a talk about the problem of "AIDS". After the talk he was interviewed by reporters about the AIDS situation at present. He said that the situation was very serious and that the rate of increase was the highest in the world. In particular in the North the rate of increase was four times what it had been, and about 44 percent of the AIDS cases were there. Of the prostitutes in the 30 to 50 baht range 72 percent had the virus. In Bangkok where the situation was evaluated according to the people giving blood to the Thai Red Cross, the rate of increase was eight times what it had been. This was very frightening because there had been no real attempt to provide information about it.

Mr. Michai said of activities in this area that the awareness was increasing but it was still not sufficient. There was only one governmental unit, the Ministry of Public Health, which was involved in preparing for the problem. He said that we would have to be prepared because if we were not Thai society would certainly end including all aspects of the society and the economy. It might be that it was too late to persuade adults to change their behavior.

"Therefore it may be that we should change our focus to children between the ages of five and 15 in whom we could establish patterns of behavior different than those of the present. They must at least understand that they can not be involved in prostitution," Mr. Michai said.

In response to the question of whether the problem could be solved by persuading prostitutes to quit their profession, he said that the government should change its position to that of providing assistance especially regarding places which could provide jobs for these

people. The government should encourage industry which uses labor, and this industry should get special privileges. At the same time these people should be encouraged to work in outlying areas so that they do not have to come to Bangkok to work. [passage omitted]

As regards what we had to do to solve the problem now, we had to bring understanding to the people in all areas, including villages, schools and factories because there had not been enough teams to do this—there were only 17 teams from private organizations doing this, Mr Michai said. [passage omitted]

It was estimated that there were no fewer than 2 million people with the AIDS virus. If the problem could be solved, there would just be 2 million people with AIDS who would gradually be gone, and the new generations would come up to take their place. In any case before this is over we will see what the various losses are, Mr. Michai said in closing.

#### **Health Official on AIDS Budget, Lamphun Morbidity**

90WE0233B Bangkok DAO SIAM in Thai 22 Jun 90  
pp 1, 7

[Excerpts] [passage omitted] Dr Somsak Warakhamin, the Deputy Minister of Public Health told reporters that at present we see that the drug, AZT, which is used to treat AIDS patients, costs 160,000 baht per person. This is felt to be very high. Although in the future we will actually be able to cure AIDS, it will be expensive. We will probably not have the funds to buy the medicine for AIDS.

The deputy minister also said that the battle over AIDS was very important and he requested that province officials carry on with this battle without let-up including officials at the province level, the district level, the subdistrict level and the village level so that the people could have a better understanding of the problem. He asked that the provinces consider this important as it was the basic policy of the ministry. Similarly they were to continue on with family planning. If there were budget problems, he asked that they inform the ministry, which would seek assistance funds for them. [passage omitted]

Dr. Somsak said that he had received a report concerning AIDS in Lamphun Province where there had been 376 cases. There were only 266 cases left as seven had died and the rest had fled to live in other provinces. The causes of the AIDS cases were: sexual relations, 117; female prostitution, 211; pregnancy, 11; homosexuality, 2; drugs, 27; blood transfusions, 2; received the virus from the mother, 3. These cases involved 139 men and 237 women. Generally they were between 15 and 24 years and between 25 to 34 years. There were only three cases in the 0 to 4 years group and only two in the 45 to 55 years group. [passage omitted]

#### **Paper Comments on AIDS Incidence by Risk Group**

90WE0233C Bangkok DAO SIAM in Thai  
21 Jun 90 p 5

[Editorial: "AIDS Situation"]

[Excerpts] [passage omitted] We asked that the reports and the data about AIDS which Dr. Thira Ramsut, the director of the Department of Communicable Disease Control, had collected be made public. These came from the department's program to combat the problem which involved health education and a mobile public relations effort concerning AIDS and venereal disease.

The program for the female prostitutes of the Thaniya and Phatphong sections lasted from 23 January to 27 March 1990 and involved health education, a public relations effort for preventing and controlling AIDS and blood tests for syphilis and AIDS in 52 locations. They tested the blood of 1,074 female prostitutes. They discovered six with the AIDS virus who showed no symptoms, and 41 with syphilis. The blood tests of 98 men at the Reungrom location revealed two with the AIDS virus who showed no symptoms and four with syphilis. [passage omitted]

It was learned that 91.12 percent understood that the reason for the blood tests was to find AIDS and syphilis. There were 98.18 percent who knew that a virus caused AIDS and that it was communicated in three ways, namely, by blood, by sexual relations and from a mother to a child via the placenta. And 95.22 percent of the female prostitutes wanted to use condoms every time they had sex with a customer. However although these prostitutes wanted their customers to use condoms, their customers did not like them and so condoms were not used as much as they should. This affected the prevention of AIDS, which was being spread by both high class and low class prostitutes.

In addition the incidence of AIDS among the low-priced prostitutes had doubled; it had gone from 3.5 percent to 6.8 percent. The incidence among drug addicts who shared needles had risen from 41 percent to 46 percent. Among male prisoners it had risen from eight percent to 12 percent. Those who used high-class female prostitutes and male prostitutes should consider that AIDS was spread by sex, blood, sharing needles and through the womb and that the incidence of AIDS had doubled. [passage omitted]

#### **AIDS in Army Region 3**

90WE0233D Bangkok NAE0 NA in Thai  
6 May 90 pp 1, 2

[Excerpt] [passage omitted] Mr. Michai Wirawathaya, the director of the Organization for Human Development said that there were many able-bodied men of draft age (21 years old) with the AIDS virus, especially in the upper part of the North where 56 percent of the cases had been found; the average incidence of those with the



AIDS virus in Army Region 3 was 2.5 percent. If able-bodied men throughout the country should have an incidence of five percent, Thailand would be in trouble.

Mr. Michai said concerning this problem that they would have to struggle urgently to find a way to prevent this from happening. Every ministry, bureau and department would have to provide full assistance because it was felt that the spread of AIDS was a social problem which had to be solved urgently. Therefore on 18 May officials of Army Region 3 will get together with officials of Phitsanulok Province to organize their efforts to combat AIDS. Then their will be efforts made in all other provinces in Army Region 3.

Major General Anan Bamrungphruk, the deputy commander of Army Region 3, reported that there were three soldiers in Army Region 3 with the AIDS virus who had definite symptoms of AIDS. This was discovered with a blood test. Their symptoms were not severe. Army Region 3 had sent them for care to Phramongkutaklo Hospital. As for the number of draftees thought to have the AIDS virus, they still had not been able to test for it and so did not have a definite figure.

Major General Anan said that AIDS infection of draftees had not affected the general status of Army Region 3 because there were still few draftees with the virus. Officials of Army Region 3 had had training in this, and the soldiers of the region were not concerned by reports of the spread of the virus but were more interested in prevention.

#### **Chiang Mai AIDS Statistics**

90WE0230A Bangkok NAE0 NA in Thai  
30 May 90 p 5

[Excerpt] Mrs. Pathiphon Bunkla, the president of the Northern Nursing Association, discussed the AIDS situation in Chiang Mai Province. She said that the number of AIDS cases is increasing at an alarming rate. Statistics up to June show that 1,591 prostitutes and men who use the services of prostitutes have contracted the disease. A total of 431 drug addicts, six pregnant women, two blood donors, and 522 other people have contracted the disease.

"This rapid increase in the number of people who have contracted AIDS is very alarming, because in the near future, the hospitals and clinics will have to deal with a very large number of AIDS patients," said Mrs. Pathiphon. [passage omitted]

#### **Columnist Asks More Government Action, Law on AIDS**

90WE0232A Bangkok BAN MUANG in Thai  
17 Jun 90 p 5

[Column by Ta Ma Lo: "Pushing the Minister of Public Health"]

[Excerpts] The spread of AIDS in Thailand is frightening.

Mr. Suthat Ngeunmeun, the Deputy Minister of Public Health, reported that AIDS cases showed a rapid upward trend.

It has been learned that throughout the country an average of 500 Thai people per month were catching AIDS.

It will not stop there. This figure will double. It might become 1,000 or 10,000 cases per month. Do not underestimate it.

Mr. Suthat revealed that there were 17,313 with AIDS.

All 17,313 will die. No one has survived.

The important problem is that we have not been able to stop the spread or the increase of AIDS. Its incidence is increasing rapidly. [passage omitted]

The second group in order with a role in spreading the AIDS virus is intravenous drug users who share needles. This fatalistic group is only interested in drugs and so its members catch the virus easily. And when they have it, they pass it on to prostitutes. And prostitutes pass it on to the men who sleep with them later. It is an endless cycle.

The intent of the Ministry of Public Health's plan is to inform the people about AIDS. However it appears that informing the people will not help a great deal because the members of these groups are not willing to use the information.

The intravenous drug users still share needles. The prostitutes with AIDS still continue to work, and the men with AIDS are not willing to use condoms.

I say that the Ministry of Public Health must concentrate on these three groups. It must deal with them resolutely just as a doctor operates and cuts away the bad flesh in order to save a life or the good flesh.

If doctors set standards to control AIDS by controlling the movement of those with AIDS and not allowing them to spread it further, there would be an angry outcry from civil libertarians that it violated civil liberties.

Yes, those with AIDS have the right to pass it to others, which I feel is not just.

Those with AIDS do not just need care, their movements should also be controlled to prevent their spreading it.

We will need to control their movements just as we do those with leprosy (even though leprosy is a lesser danger).

We will have to have AIDS colonies.

However it is very uncertain how far the government will go.

The Ministry of Public Health appears to be very concerned about AIDS but does very little to combat it both with regard to control and providing information. [passage omitted]

Yes, I say that we need a new law to control prostitution more closely. We can not allow this kind of freedom.

The feminists who oppose a law on prostitution should review their role and not support allowing women to continue to sell themselves freely like this.

Prostitutes who roam about or do not have a set location should not be allowed. Prostitutes must have a definite location and must have close supervision of their health by the Ministry of Public Health.

There must be control of male prostitution, which is a profession of young males now. Homosexual acts are a source of the virus, which can then be spread to other homosexuals.

This is as dangerous as [female] prostitution. [passage omitted]



## CZECHOSLOVAKIA

**Supplementary AIDS Test Developed**

AU1408115390 Prague HOSPODARSKE NOVINY  
in Czech 10 Aug 90 p 8

[CTK report: "New Test for AIDS"]

[Text] Bratislava—After efforts lasting for more than three years, an alternative laboratory test for the AIDS virus has been developed at the National Reference Laboratory in Bratislava. The laboratory operates within the framework of the Joint Scientific Workplace for Viral Infection of the Virology Institute of the Slovak Academy of Sciences at the Slovak Republic's Ministry of Health and the medical department of Comenius University.

The basis for the newly developed test are materials that were acquired by genetic engineering. The test is used as a confirmatory test in the laboratory along with imported standard tests (one test costs approximately 50 U.S. dollars) and thus increases the reliability of the diagnosis.

## POLAND

**Hosts for AIDS Meeting**

LD1607183890 Warsaw Domestic Service in Polish  
1800 GMT 16 Jul 90

[Text] Experts from the World Health Organization [WHO] have taken part in an extraordinary meeting of the AIDS committee. During their two-week stay in our country, they assessed the Polish program for fighting this disease. The assessment was positive. An expression of this is the obligation by the WHO to transfer to Poland \$300,000 by the end of September 1991, for activity connected with the fight against AIDS. Around 1,000 people in Poland are infected by the HIV virus. It is expected that there will be around 8,000 in the next few years.

## ROMANIA

**More Than 700 AIDS Cases**

AU0208171390 Bucharest ROMPRES in English  
1600 GMT 2 Aug 90

[Text] As many as 741 cases of AIDS—of which 687 in children and 54 in adults—were registered in Romania

until August 2, 1990. In the case of Romania the AIDS virus was transmitted through blood transfusions. That is why, the major concern of the Health Ministry is to get equipment and the reagents needed to test donated blood. Owing to the efforts that have been made and to the currency received from the government, such equipment was bought and distributed to 13 blood centres. To fully attain that target, which is also enshrined in the national AIDS programme, the Health Ministry signed a contract with "Welcome," a British Company, for 40 pieces of laboratory equipment, 1.5 million AIDS tests and 1.5 million B hepatitis tests.

## YUGOSLAVIA

**Belgrade 'Most Affected' by AIDS**

AU2007105790 Belgrade BORBA in Serbo-Croatian  
12 Jul 90 p 16

[Article: "Belgrade 'At Medium Risk'"]

[Text] From the time the HIV-virus was discovered until 1 July this year, 134 Yugoslavs have contracted AIDS and 81 have died from the disease. At the moment, Belgrade has been most affected by the disease in Yugoslavia. There have been 65 registered cases of Belgrade citizens contracting the disease and 37 have died from it.

According to the number of patients, Yugoslavia is among the countries with a low percentage while Belgrade has "risen" to be one of those at medium risk. This was said by Dr. Spiro Milic, president of the Belgrade Commission for AIDS in the city Institute for Health Protection.

At the moment, AIDS in Yugoslavia most frequently "attacks" men. One hundred and fourteen members of the "stronger" sex have so far contracted it and 20 members of the "weaker" sex. They have mostly been between the ages of 20 and 40 and drug addicts have been most at risk with 49 patients who have been addicts. There have also been 30 homosexual or bisexual patients and 27 hemophiliacs. There has also been one case of so-called vertical infection when the disease was transferred from a mother to her child.

## INTER-AMERICAN AFFAIRS

### Caricom Health Ministers Begin Two-Day Meeting

FL2007000190 Bridgetown CANA in English  
1913 GMT 19 Jul 90

[Text] Bridgetown, Barbados, July 19, CANA—Caribbean Community (Caricom) health ministers began a two-day meeting here on Thursday, noting the region had achieved significant progress in providing adequate health care for its people. But speakers at the opening session of the 12th ministerial meeting said further progress was being hampered by the region's fragile economic base and the outbreak of various diseases, including the deadly Acquired Immune Deficiency Syndrome (AIDS).

"...The evidence is slowly mounting to indicate that we are meeting at a time of an emerging crisis in our health services," said Rudolph Collins, director of functional cooperation at the Caricom secretariat. "There is increasing concern, certainly among our health professionals, that we are at the edge of a decline in health standards and health care."

Collins said the evidence of the crisis facing the region could not be found in the formal statistics, "but in such indicators as the increased hospital admissions of patients suffering from poor health care, the increasing inadequacy of our primary health care systems, and the increased migratory flow of our trained professional staff including medical and paramedical personnel."

He warned that unless the situation confronting the health sector is dealt with promptly and with imagination, "the crisis... will serve to negate all our collective achievements and deny us our confident hopes for the future."

Matters to be discussed at the two-day meeting include a review of the Caribbean Cooperation in Health Initiative, agreed to in Guyana four years ago. That initiative calls for authorities to give priority to seven areas, including maternal and child care, AIDS, and the environment.

Barbados Health Minister Branford Taitt said AIDS posed a problem which "threatens to retard the development of other aspects of our health care system." He said the health sector in the region was facing other problems, including the migration of nurses and economic constraints.

"Financial and human resources seem to be contracting while, spurred by their easy access to the international communications network, our population continues to expand their expectations," Taitt said.

The ministers are expected to vote on a proposed system of regional examinations for Caribbean nurses, and discuss a document related to the crisis confronting the nursing profession, whose members are migrating to

better paying positions in the United States. The need for an expanded programme of immunization, disaster preparedness, and allied health training will also be examined.

Reports and budgets for regional agencies, including the Caribbean Food and Nutrition Institute, the Caribbean Epidemiology Centre, the Commonwealth Caribbean Medical Research Council, and the Caribbean Environment Health Institute will also be discussed during the two-day ministerial meeting.

## ARGENTINA

### Hospital Director Reports AIDS Totals

PY0208001290 Buenos Aires Domestic Service  
in Spanish 1600 GMT 1 Aug 90

[Text] Del Milagro Hospital Director Raul Rania has said in Salta that 710 AIDS cases have been detected so far in Argentina [no time span given]. He also noted that there is an AIDS carrier for every 50 or 100 people infected with AIDS and that it is estimated that there are approximately 35,000 to 70,000 people infected with AIDS. He said, however, that the figures are not accurate because there are some incorrect reports.

## BRAZIL

### AIDS Incidence in Federal District

90WE0234E Brasilia CORREIO BRAZILIENSE  
in Portuguese 26 Jun 90 p 17

[Text] From the discovery of AIDS to date, 571 persons from the DF [Federal District] have become infected with the HIV virus. Only 107 of them showed symptoms of the disease, and the other 464 are undergoing monitoring at the FHDF No 8 Health Center. According to the DST [National Division of Sexually Transmittable Diseases] AIDS coordinator, Luis Antonio Bueno, the alarm caused a few years ago regarding an explosion of cases was not based on reality. He claimed that the disease is disturbing, and an incentive must be given for progress in research, but that sensationalism should be avoided, so that people will not be prompted to assume extreme attitudes.

Based on these figures, the Federal District currently ranks fourth in Brazil for AIDS incidence, following Sao Paulo, Rio de Janeiro, and Roraima.

### Government Admits Presence of HIV 2 Virus

90WE0248B Sao Paulo FOLHA DE SAO PAULO  
in Portuguese 7 July 90 p C-4

[Text] For the first time, the Brazilian Government has officially admitted the presence of a second virus transmitting AIDS, besides HIV 1, in Brazil. Yesterday the director of the Health Ministry's Sexually Transmissible Diseases-AIDS Division, Eduardo Cortes, 38, claimed

that HIV 2, a virus discovered in Africa in 1986, has now been detected in four patients in Sao Paulo, and two in Rio.

There has been evidence of the presence of HIV 2 in Brazil since 1987, when a group of researchers, including Eduardo Cortes, discovered antibodies of the virus in four AIDS victims in Sao Paulo, and one in Rio. However, the government did not admit this fact. At the International Congress on AIDS held in the U.S. in June, researchers from the Oswaldo Cruz Foundation, the Federal University of Rio de Janeiro, and other countries submitted a report attesting to the presence of HIV 2 in Brazil.

According to Cortes, the percentage of AIDS victims showing HIV 2 is very small. In Sao Paulo, four cases were found among 140 patients; and in Rio, two cases out of 150. All have HIV 1 and HIV 2. No AIDS patient has yet been discovered to be infected only by the new virus.

The transmission of HIV 2 is the same as that of HIV 1: sexually, or through a blood transfusion. The studies on HIV 2 are still incipient, but they show that the AIDS caused by that virus is "less serious," according to Cortes.

From 1980 to date, 11,897 AIDS cases have appeared in Brazil; but half of those patients have already died. In Brazil, there is only a test for detecting HIV 1, but Cortes claims that the same examination also proves the presence of HIV 2. Nor are there any studies on the effects of AZT (a drug that prolongs the patient's survival) on those infected with HIV 2.

#### Cases of AIDS on Rise in Armed Forces

90WE0271A Sao Paulo O ESTADO DE SAO PAULO  
in Portuguese 17 Jul 90 p 16

[Text] Brasilia—The number of AIDS cases in the Armed Forces has risen significantly during the past few years. Between November 1983 and December 1988, 54 cases were recorded at the Army's Central Hospital in Rio de Janeiro alone. This is the last official statistic available, but it is estimated that the number of those infected with HIV, the AIDS virus, in the ground forces alone may exceed the record of 200 cases for the entire country. The situation is no different in the other branches of service. The Navy has 89 members who are infected, and the Air Force reported 18 cases as of the first half of this year.

Sources from the Army's health service note that the universe of victims may be even larger, inasmuch as not all are confined in military hospitals. The Army Ministry's health director, General Aureliano Pinto de Moura, maintains that the number of AIDS cases is quite small in proportion to the force's total personnel: nearly 196,000 men.

Statistically, however, the opposite is proven. Whereas 0.01 percent of Brazilians out of a universe of 140 million persons have the disease, in the Armed Forces the proportion rises to 0.1 percent victims out of 307,000 members of the military, combining the personnel from all three branches. This means that, in the military area, the incidence of AIDS cases is 10 times greater than among the country's population.

The Navy Ministry has not specified the ranks of its infected personnel, but in the Aeronautics Ministry it is known that, of the 18 cases recorded, there are two officers, eight sergeants, four corporals, and four privates. According to the information disseminated last October at the Conference on Military Medicine held in Brasilia, of the 54 cases recorded as of that date, 57.41 percent were on active duty and 20.37 percent were in the reserves. The largest group of carriers of the virus consisted of recruits (57.61 percent), with 25 percent of the cases occurring among sergeants and second lieutenants, 10 percent among higher ranking officers, and six percent among former corporals and privates. Based on the statistics, between 17 and 20 percent of the cases recorded in the Army were caused by blood transfusions.

According to the Army's health director, the guidelines for the care and treatment of these cases are the same ones adopted by the Health Ministry, including campaigns for guidance and prevention of the disease. "Lectures are given on the subject," claims General Aureliano. He adds that, once the virus has been detected, there is a complete monitoring of the case at the hospital, and the patient is transferred to the paid reserves.

In the case of aviators, as soon as the virus is detected there is immediate removal from duties considered hazardous. The FAB's [Brazilian Air Force] health directorate neither confirms nor denies this report. Unofficially, the military in the Aeronautics Ministry justify the removal of HIV carriers for security reasons. Ministry officials comment: "We cannot assign a man known to be infected with the AIDS virus to pilot an airplane."

#### 68 Percent of Sao Paulo Inmates AIDS-Infected

90WE0271B Sao Paulo FOLHA DE SAO PAULO  
in Portuguese 5 Jul 90 p C-4

[Text] The head of the State Union of Prison System Employees, Darcy da Silva, 44, claims to have data showing that 68 percent of the inmate population in Sao Paulo prisons is infected with the AIDS virus. The director of the State of Sao Paulo's prison system health department, Manuel Schettman, challenges this assertion. "That number is unreal. The infection index, ascertained through scientific methods, amounts to 16 percent as a maximum." There are nearly 20,000 persons incarcerated in the entire state. According to Darcy da Silva, the 68 percent figure was obtained through a "one by one" count made by members of the health team, who asked the inmates whether or not they had AIDS. Silva remarks: "Those members do not wish to be identified."

and claim that the official figures have been manipulated." Manuel Schettman points out that the 16 percent official figure resulted from "several scientific investigations of the prison system"; but he admits that the numbers have increased. According to his findings, a year ago the AIDS incidence in the system was 12.5 percent, but has now jumped to 16 percent. He claims that there are in the police station lockups and public jails administered by the Public Security Secretariat over 20,000 inmates, 4,000 of whom have AIDS. "Those police station lockups send an average of 100 prisoners per week to the prison system administered by the Justice Secretariat, and 20 of them arrive with AIDS." Schettman also maintains that he has been concerned about the rise in AIDS among women who, he claims, go from police station lockups to the house of detention with an infection rate of one out of every four detainees.

Darcy da Silva says that examinations should be made by physicians in the house of detention on wives of inmates who visit them on Sundays. "A doctor's written statement is required of them, saying that they are not infected. But this kind of document can also be forged, and we don't know whether or not the visitors have AIDS." The charges are increasing. Officials from the state's house of detention and penitentiary have observed that there are AIDS victims working in the kitchens: something that is officially denied. The directorate of the two prisons claims that the infected inmates are sent to the Sao Paulo Prison Hospital, also in the northern zone, the construction work on which has not been completed.

## COLOMBIA

### Incidence of AIDS Cases Overviewed

#### Effective Program Lacking

90WE0263A Bogota EL TIEMPO in Spanish  
8 Jul 90 pp 9-10

[Excerpt] Talk of AIDS has a little of everything, but what it has the most of is ignorance and fear, some justified, the rest not.

AIDS, a disease the World Health Organization classifies as the worst epidemic of the 20th century, is capable of killing more people than epidemics in medieval times, a threat which terrifies the world but which in Colombia is ghostlike.

This is so, perhaps, because that is how the disease is depicted in official statistics. According to the Ministry of Health, between 1983 and June 1990, 711 cases were registered and of these 357 died. On that same date (June 1990), 781 carriers of the Human Immunodeficiency Virus (HIV) were registered, most of them males.

But doctors say these figures are laughable. According to their estimates, between 50,000 and 100,000 Colombians reportedly carry the virus. World seroprevalence

studies (how many persons are infected at a given time), show that one out of every five persons in high-risk groups carries the virus. When one extrapolates this percentage in the case of Colombia and if one will allow that Bogota has from 100,000 to 200,000 homosexuals, then between 20,000 and 40,000 of them are infected.

The National Institute of Health also has partial studies. Among patients examined, tests of 22 percent of all men and 6 percent of all women were positive. Another sampling of Bogota's prostitutes yielded positive results of 4 percent.

On the community level, National Blood Bank studies of healthy donors show an incidence of the virus of .08 percent, which would mean that one out of every 1,000 Colombians is an HIV carrier, according to Dr. Guillermo Prada, an expert on infectious diseases and director of Bogota's Santa Fe Foundation's AIDS program.

Overall figures may not be as alarming as those of other nations, but they are nevertheless disturbing. Colombia is in fourth place in Latin America, but the country has not even entered the first phase of its fight against AIDS, the phase of awareness, education, and prevention, says Dr. Camilo Palacio, researcher and professor at the University of Pennsylvania in the United States. AIDS is still spoken of in a whisper, in half truths. Warnings do not teach. Rather, they distort reality, giving the impression of having said something without saying anything.

In addition to providing no explanations, sexuality evolves in an atmosphere of sin, forbidden pleasures, death. This is the impression conveyed to young people. [passage omitted]

In Colombia, society is keeping its doors and eyes closed. While the disease continues to be shrouded in secrecy, its victims are the target of discrimination. There is no labor or health legislation, no system of social security to help patients. Although it has been approved by the Ministry of Health, Retrovir can only be obtained illegally and the cost (about \$150 or 70,000 pesos a week) puts it out of reach for most.

Nor are people aware of how the disease is spread, Dr. Prada says. "They still think someone who has two or three relationships a year is not promiscuous and that this is not how one gets the disease. People believe that being fat and apparently healthy is guaranteed protection that one is not a carrier." [passage omitted]

Although doctors label the government's offensive as inadequate, it is admitted that the best control takes place in the blood banks. However, this is not enough. The country has the highest percentage of victims among homosexuals and bisexuals (one homosexual in five has bisexual relations). AIDS has not yet hit the heterosexual group.

In Colombia, the proportion of seropositive men is ten or even twenty times greater than among women. The



risk among drug addicts and stemming from them has not yet reached major proportions in the meager statistics.

However, Colombia is beginning to see its first cases of babies infected by their mothers either during pregnancy or by nursing.

### **Inadequate Care Described**

90WE0263B Hubert Ariza; Bogota *EL TIEMPO* in Spanish 8 Jul 90 p 12

[Article by Hubert Ariza]

[Excerpt] AIDS victims in Colombia have little protection. Family, friends, partners, and, what is worse, the very institutions responsible for providing care reject them.

This is the observation of Dr. Carlos Sanchez David, head of the Department of Internal Medicine of San Pedro Claver Hospital in Bogota, one of those designated to handle persons, covered by the Institute of Social Security (ISS), who are infected with AIDS.

"There is no medical or social awareness of what the disease truly means," he says.

Since 1986, San Pedro has cared for blue-collar workers, professional people, military personnel, artists, housewives, and actors, men, women and even one baby suffering from the disease, at a cost of 40,000 to 50,000 pesos a day for in-patient care.

According to hospital director Hernan Santos, a great deal has changed from the time the first AIDS patient was seen. "Physicians and nurses initially demonstrated an attitude of rejection, but thanks to courses offered for the medical community, understanding of the disease was achieved and fear of possible contagion dissipated."

According to Santos and Sanchez, the attitude of the medical staff at the hospital is positive, but this is not true of other private clinics in the capital, which refuse to admit patients suffering from AIDS which have been referred by the ISS.

"They claim not to have beds for these patients, but we know they do," Santos emphasizes.

Although San Pedro is one of the most progressive institutions in the country, it is forced to refer terminal AIDS patients with psychiatric complications, for example, to private clinics because it needs the beds for patients with other diseases.

Santos thinks the attitude of such clinics stems from a lack of awareness about the disease. Sanchez believes it has to do with the dehumanization of medicine.

But if some doctors are guilty, what is worse, Sanchez warns, is that Colombian society is not aware of the disease. "There is no AIDS education. There is irresponsibility. For 'moral' reasons, the disease is not handled

properly, out in the open, free of myth. We must educate in order to control the disease," he said.

### **Statistics**

Hospital medical staff are concerned. In 1986, there were three cases of AIDS, 17 by 1987, 49 by 1988, 52 by 1989, and 43 so far this year. Some 200 persons have already received care, of which 191 are men and nine women. A total of 36 have died, 99 are alive, and there is no information on 29 who disappeared from work but still are in the statistics.

Experts like Sanchez and Santos are alarmed that AIDS in Colombia has ceased being a disease of homosexuals and turned into a malady afflicting heterosexuals, as proven by 31 percent of the patients being cared for at the hospital.

A total of 121 contracted the disease through sexual relations, nine from blood transfusions. There is no information on 69 along with the six month-old baby who was given the disease by his mother, infected by a transfusion.

The incidence of contagion is rising. Statistics show that between 1989 and now, the incidence of infection every month has gone from 4.3 to 8.4 percent.

Sanchez maintains that despite progress, there has been no change in attitude in the face of death. People still think the disease is divine punishment and reject victims. In the Middle Ages, lepers were isolated to the point of being forbidden from drinking in public wells.

He added that the terror of AIDS is so great that one American expert proposed marking victims to distinguish them from the healthy population.

"We must change the attitude of the doctor, the patient, and society. AIDS is not a punishment; it is a disease for which we do not yet have a cure." [passage omitted]

## **HONDURAS**

### **Survey Discloses 'Alarming' AIDS Increase**

90WE0251B San Pedro Sula *TIEMPO* in Spanish 28 May 90 p 9

[Excerpt] Tegucigalpa—At least two cases of AIDS are reported at the Teaching Hospital every week, the official in charge of infectious diseases. Tito Alvarado, has stated. [passage omitted]

The number of AIDS cases in children has increased in the last six months. Since the first case was confirmed in 1987, 26 infected children have been reported, the majority having been infected by their mothers. [passage omitted]

In addition, this official said that the increase in AIDS is alarming, since in a group of 7,000 individuals chosen at

random for testing for this disease, 1.7 [percent] tested positive. This test was administered on the country's northern coast.

Among 2,000 prostitutes in Tegucigalpa and San Pedro Sula, it was found that almost 17 percent were infected. The majority of them were from the northern zone, according to analyses which were carried out. [passage omitted]

#### Health Ministry Warns of AIDS in Armed Forces

PA2208034590 Panama City ACAN in Spanish  
1900 GMT 16 Aug 90

[Text] Tegucigalpa, 16 Aug (ACAN-EFE)—A high Public Health and Social Aid Ministry official disclosed today that AIDS had reached the Army barracks where a "considerable" number of members of the military are infected.

Enrique Zelaya, head of the epidemiology division at the Public Health and Social Aid Ministry, has stated that the virus had been detected among "lower ranking" soldiers, including sergeants, corporals, and privates.

Zelaya regretted that the Military High Command had chosen to ignore the problem and forecast that if adequate preventive measures are not enforced "the internal situation will worsen in the future."

Although he does not have precise statistics on the problem, Zelaya stated that the spreading of AIDS is facilitated by the "promiscuity amid which the soldiers live."

According to the doctor, on their days off, many soldiers have sexual relations without taking any precautions, despite the fact that many official reports disclose that in some cities—such as San Pedro Sula (northern region)—five out of every 10 prostitutes are AIDS carriers and a permanent source of infection.

Zelaya explained that some unit commanders have requested help from the Public Health and Social Aid Ministry to control and prevent the disease among their soldiers, but these remain isolated actions.

The Honduran Army has approximately 27,000 members, distributed in the Infantry, Police, Aviation and Naval Branches.

This country, with a population of 4.5 million, has the greatest incidence of AIDS cases in Central America, with a total of 780 confirmed cases, of which 282 have died, 195 receive medical treatment, and 303 have no control whatsoever.

Likewise, the Public Health and Social Aid Ministry estimates that between 40,000 and 90,000 Hondurans carry the so-called "disease of the century," although they have not yet developed the symptoms.

#### 220 Additional AIDS Cases

90WE0251A San Pedro Sula LA PRENSA in Spanish  
1 Jul 90 p 2

[Article by Covadonga Lastra]

[Text] Tegucigalpa—The reports on the number of Honduran citizens infected with AIDS in 1990 are frightening, the authorities at the Ministry of Public Health say, because in the five months of this year which have elapsed, 220 cases of the disease have been reported and have now been clinically confirmed.

This information was provided by Dr. Jose Enrique Zelaya, director of the National Commission for Combating AIDS. He added that in May, 39 individuals tested positive for the virus.

This physician explained that the figures on carriers of the virus and individuals presenting the symptoms in May are not yet complete, since Health Region No. 3, which has its headquarters in San Pedro Sula, did not send in its monthly report on time. That report is needed in order to compute the overall number affected by this "disease of the century" on time.

The Ministry of Public Health has divided the country into eight health regions. Health Region No. 3 includes the departments of Cortes, Santa Barbara (with the exception of the municipalities of Naranjito and Protection), and Yoro (with the exception of Olanchito, Jocon, and Arenal).

These 39 cases were identified in the Metropolitan Region and in Regions 2, 5, and 6.

The Metropolitan Region includes Tegucigalpa, while Region No. 2 includes the departments of Comayagua, Intibuca, and La Paz. Region No. 5 includes Copan and Ocotepeque, and Region No. 6 includes Atlantida, Islas de la Bahia, Colon, and some municipalities in Yoro, Gracias a Dios, and Olancho.

Serious reports of an official nature issued by the public health authorities point to Region No. 3 as that with the highest incidence of AIDS. About 60 percent of all of the cases in the country were reported in this zone.

San Pedro Sula, the most important city on the northern coast, still leads with the largest number of individuals affected.

Of the total of 706 cases confirmed in Honduras, 289 are concentrated in the industrial capital of the country, which has a population of 326,943, according to the 1988 Population and Housing Census.

Tegucigalpa is in second place, with 68 cases, followed by Comayagua, La Ceiba, El Progreso, Puerto Cortes, Santo Rosa de Copan, La Lima, and Chamelecon.

There are AIDS cases in all 18 departments of the country, although those least affected are Intibuca, Lempira, and Olancho, which has the lowest incidence.



### First in Latin America

AIDS is one of the most worrisome international issues. Since it appeared, the disease has claimed an important place in all of the media, bringing with it the information and disinformation this entails.

According to PAHO/WHO [Pan American Health Organization/World Health Organization] reports dated 20 March 1990, Honduras is the Central American country which has the highest percentage of AIDS cases, accounting for 48.2 percent of the total. It is followed by Costa Rica, with 14.2 percent; El Salvador, with 15.5 percent; Panama, with 14.6 percent; Guatemala, with 6.1 percent; Belize, with 1.0 percent; and Nicaragua, with 0.4 percent.

Dr. Zelaya said that the majority of the Hondurans who are infected are male.

"Unfortunately, homosexual and bisexuals in many instances, are the ones who carry the infection to other groups," he said.

According to Zelaya, the epidemic in Honduras apparently began in the homosexual community and among those individuals using drugs intravenously.

A large number of bisexuals took the disease to the heterosexual community by having relations with persons of the same and of the opposite sex.

Zelaya said he has no doubt that men have been the main contributors to spreading the disease in Honduras.

"I would like to point out that the notion that prostitutes as responsible for propagating the virus is erroneous, since prostitutes, rather than being major agents in transmitting the disease, are instead victims of the individuals who patronize them," he said.

### Distribution of AIDS Cases

According to Zelaya, more than 70 percent of the individuals affected are heterosexuals and bisexuals, and 6 percent were infected through transfusions of blood and blood products.

"However, the transfusion problem has ceased to concern us, since the IHSS [Honduran Social Security Institute], the Red Cross, and the Ministry of Public Health are handling more than 90 percent of the blood in the country, and are taking care to administer the proper tests to donors," he said.

### Cases Among Children

Zelaya said that the greatest concern of the public health authorities and the National Commission for Combating AIDS is the fact that the percentage of children of infected mothers suffering from the disease is increasing.

"We are seeing that this group has been increasing in recent years. Since 1987, when the first infected child in the country was identified, there has been a yearly increase, to the point that in 1989, 17 cases of the infection in minors were confirmed," he said.

Of the total of 30 children in this country who have been infected, 19 had mothers who were infected, possibly by their spouses or by promiscuous partners, while 11 acquired the disease through transfusions of blood and blood products.

The majority of these children have already died.

The 706 current cases of AIDS are found in individuals who were infected prior to 1987 and have now developed the disease.

"Of this total, we know of the situation of 60 percent, including 20 percent who are alive, while another 38 percent have died. The National Commission for Combating AIDS has no knowledge of the situation of 40 percent of the patients, since many of them may have gone abroad, or changed their residence, or concealed their identity," he explained.

### Limited Educational Impact

The public health authorities say they are concerned about the high level at which the AIDS virus is being propagated, despite the fact that mass campaigns have been sponsored to inform and educate the population.

Apparently these campaigns are not having the desired impact, and despite the efforts to inform and educate the people about the virus and to follow up with control, the people have not realized that AIDS is a deadly disease which cannot be cured, and that even though vaccines and medicines may be discovered in other countries, Honduras may not have access to them in the next half century because of the high prices they may cost or because of the prolonged nature of the future treatments.

As a result, sexual activity in the AIDS era has become a high-risk phenomenon, forcing men and women to take precautions which many feel limit their erotic impulses and pleasure.

Percentage Distribution of AIDS Cases by Age and Year

Age	1984	1985	1986	1987	1988	1989	1990	%
0-9	-	-	-	3	8	17	-	3.9
10-19	-	-	-	9	10	11	1	4.4
20-29	1	1	11	47	100	120	14	41.6
30-39	-	1	5	39	59	109	6	31.0

Percentage Distribution of AIDS Cases by Age and Year (Continued)

Age	1984	1985	1986	1987	1988	1989	1990	%
40-49	-	-	-	6	42	32	3	11.8
50-59	1	-	3	9	9	12	1	5.0
60 or older	-	-	-	1	4	5	1	1.6
Unknown	-	-	-	2	3	-	-	0.7

Health Region

Risk Group	Metropolitan	1	2	3	4	5	6	7	Unknown	Total
Homosexual	6	-	2	41	1	2	6	-	-	58
Bisexual	14	5	3	28	2	3	4	-	-	59
Heterosexual	62	15	26	314	14	32	46	3	1	513
a) Male	39	11	13	190	10	19	19	2	1	304
b) Female	18	3	9	95	2	8	16	1	-	152
c) Prostitutes	5	1	4	29	2	5	11	-	-	192
Transfusions	9	2	5	17	-	5	5	1	-	57
Drug addiction	1	-	-	1	-	-	-	-	-	44
Infected mother	2	-	1	9	-	2	5	-	-	19
Unknown	2	-	-	5	-	2	2	-	-	11
Total	96	22	37	15	17	46	68	4	1	706

## PERU

## Discrimination Described

### AIDS Developments Reported

#### 250 Cases in Country

90WE0246A Lima EXPRESO in Spanish  
26 Jun 90 p 11

[Text] A total of 50 persons have died of AIDS in Peru and 250 cases have now been reported throughout the country.

This information was made public yesterday by the director of the Central Police Hospital, Dr. Alfredo Altamirano Cordero, who also announced the launching of an education campaign aimed at preventing the disease.

Dr. Altamirano revealed that as part of the celebrations honoring the institutional anniversary of the National Police Health Service, two symposia on AIDS and drug dependency will be held on 27 and 29 June. "The two conferences will provide a forum for discussion of the current state of AIDS research," Dr. Altamirano said.

90WE0246B Lima EL COMERCIO in Spanish  
19 Jun 90 p D1

[Text] Concern over the rising number of AIDS cases in the work place was expressed yesterday by Dr. Alberto Yuen, head of the intrahospital committee set up at Guillermo Almenara Hospital to prevent and fight AIDS.

"Of the 158 cases we have, 113 are from small and medium-size enterprises, but there are also infected persons from large companies," he said.

To remedy the problem, he stressed the need for education campaigns in work places so as to provide accurate information about the disease and thus enable workers to adopt a responsible attitude.

Concerning covered workers infected with the fatal virus, he asked for more resources for treatment of the disease.

"Patients at this hospital cannot receive AZT, a drug which, while not a cure, nevertheless slows down progression of the virus. The answer to our requests is that the drug is not on the list of medicines paid for by the Health Service," he said.

Yuen said that campaigns should be directed at workers and officials in order to prevent rejection, discrimination, and firings, and added that some companies have asked that health officials hold talks with management and employees.

"In particular, we must address young workers who tend to frequent prostitutes. They must be warned about the risk of maintaining homosexual and bisexual relations or of buying blood when transfusions are needed," Dr. Yuen said.

He also expressed concern over harmful consequences to the worker.

"We have ten patients who in various ways were subjected to pressure to leave their jobs," he revealed, emphasizing that the law protects such employees but that they are still the victims of pressure.

"We have had to hold lengthy discussions with management and convince company officials of the harm done to the worker. Fortunately, some have responded positively, as in the case of one finance company that even bears the cost of the drug AZT, amounting to \$200 a month," he said.

"One important aspect is respect for confidentiality. If the patient does not wish to inform his employer, he cannot be forced to do so," Yuen pointed out.

#### **Huacho Reports 28 Cases**

90WE0246C Lima EL NACIONAL in Spanish  
18 Jun 90 p 8

[Report by Pedro Yauri]

[Excerpt] Commercial ships docked in this port arrived a week ago to take on loads of fish flour bound for markets in Europe and Central America.

Their crew members, particularly Panamanians infected by prostitutes in that country, engaged in sexual relations with prostitutes and homosexuals who "work" areas close to the port and even in the downtown area of the city and, according to the results of analyses done at the Huacho Regional Hospital, infected 28 of them.

The analyses were done by medical personnel at several health clinics at the request of provincial subprefect Felix Minaya Sanchez after rumors began to circulate concerning symptoms of a rare disease in all women in "the life."

Some women initially refused to accept the fact that they carried the virus. For Huacha residents, the AIDS virus had previously been no more than a myth invented by other societies for undisclosed purposes.

However, when the symptoms in question refused to disappear, a group of 20 [prostitutes] consulted specialists at the Regional Hospital and were astonished to learn that they had indeed been infected by the foreign crew members.

The news, which came as an enormous shock, reached the ears of provincial officials, who ordered that all prostitutes without exception be examined. A total of 28 women were found to have AIDS.

The same 500 crew members of ships docked in the port will also be subjected to thorough examinations aimed at determining in which country the disease originated.

Unofficial sources reported that the Panamanians were the only carriers of the virus, but the possibility of crew members from other ships being infected has not been ruled out.

Subprefect Felix Minaya lamented the fact that prostitution has proliferated uncontrollably in the province. "Until only a year ago, very few women were involved. Now one sees them in the most heavily frequented areas of the city."

The issue is of special concern now that many of the women have been found to be infected with AIDS. [passage omitted]

#### **Trujillo Reports 12 Cases**

90WE0246D Lima EL NACIONAL in Spanish  
20 Jun 90 p 13

[Report by Santiago Lopez]

[Excerpts] Twelve cases of AIDS have been confirmed in this city as a result of the continuous visits of hundreds of infected foreign sailors who frequent local prostitutes.

This warning was issued yesterday morning by departmental health director Dr. Luis Otiniano Diaz, who said that 12 women from "the life" infected with the fatal virus are being treated at different clinics in the city.

"They had sexual relations with foreign sailors and fishermen, particularly from England, Brazil, and the United States, whose ships dock in Salaverry Port in this city," the expert said.

"They come ashore and roam the city, sleeping with women in the trade, who also actively solicit their business because they pay in dollars," he added. [passage omitted]

#### **Control**

Dr. Andres Sunez Andonaire, head of the IPSS [Peruvian Institute of Social Security] in this city, said it is most unfortunate that such a thing is occurring and that Lima's health authorities absolutely must do something. "It would even be appropriate to order the Merchant Marine to exercise strict control over the entry of such vessels and examine sailors because they not only bring AIDS, but many other infections which they spread in our city."

He also confirmed that Trujillo has eight cases of prostitutes with the terrible virus, but that due to the delicate nature of the matter, the victims' relatives have preferred to care for them at home until their death. [passage omitted]

## INDIA

### More Possible, Confirmed AIDS Cases

#### Cases in Manipur

54500107 Calcutta *THE STATESMAN* in English  
31 May 90 p 4

[Text] Imphal, May 29—At least 221 persons in Manipur are suffering from AIDS, according to Dr Y. Ibotomba Singh, head of the department of microbiology of the Regional Medical College Hospital, here, reports PTI.

Dr Singh told reporters on Saturday that a total of 3,774 persons were tested, out of which 221 were confirmed.

#### AIDS Among Prostitutes

54500107 New Delhi *SUNDAY MAIL* in English  
10 Jun 90 p 1

[Article by Jaya Menon: "Rescued Prostitutes Have AIDS?"]

[Text] Madras: About 530 of the 749 "Bombay girls", rescued from brothels recently, may have contracted AIDS.

They tested positive when the preliminary ELISA test was conducted as part of a routine health check.

This test, however, is not conclusive. The ELISA positive women are undergoing the Western Blot test, which could confirm the presence of HIV, which causes AIDS. "But the chances are 50 percent of those who tested positive in ELISA may be confirmed by the Western Blot test," according to an expert consulted by the state government.

The ELISA—short form for Enzyme-Linked Immuno Sorbent Assay—test is an initial screening of the blood sample for detecting antibodies of HIV. Whereas, the Western Blot test involves the detection of particular band patterns in the blood sample confirming AIDS.

The state government conducted high-level meetings throughout the week. A meeting, mainly of experts in AIDS detection, was held at the secretariat on Tuesday afternoon, where the Union Health Secretary was also present.

However, as no details of AIDS victims were available, the meeting wound-up after "discussing preventive measures and safety methods," according to a reliable source. Other than confirming the existing ban on accepting blood from professional donors, proposed as an anti-AIDS measure last November, no policy decisions were taken at the meeting. Nor could any positive suggestions be made in the absence of the Western Blot test.

A suggestion was also mooted at Tuesday's meeting for a law to restrain free movement of AIDS victims. But questions like who would provide for them, feed them and rehabilitate them, all remained unanswered, with the result no serious thought was given to the suggestion. "If the Government can give us Rs 1500 for each of the AIDS victim, if it comes to that—each month, we can help rehabilitate them all," says Mahesh Khandalwal, Tamil Nadu unit Secretary of Savdhan, the Bombay-based social welfare organisation instrumental in the rescue of these women.

## PAKISTAN

### Spread of AIDS Cases

BK1808131890 Islamabad *THE MUSLIM* in English  
18 Aug 90 p 8

[Excerpt] Islamabad—AIDS, the deadly disease, unknown till a few years back has assumed an alarming proportion in Pakistan.

Official sources say that the number of AIDS patients had shot up from 37 to 57, which they thought was an alarming portent. Experts are of the view that the reported cases represent only a tip of the iceberg. AIDS virus is much higher than reported.

Just three months earlier, there were 50 AIDS patients of whom 13 died. [passage omitted]



### Official Urges Further Assistance in Anti-AIDS Fight

90US1186A Moscow ARGUMENTY I FAKTY  
in Russian No 29, 21-27 Jul 90 p 5

[Report on interview with A. Sorokin, academic secretary of the Interdepartmental Council on AIDS Scientific Problems, by ARGUMENTY I FAKTY correspondent Yu. Sigov: "AIDS: From Medicine to Politics"; place and date not given]

[Text] As of June 1990, 512 HIV-infected individuals were registered in the USSR.

*According to data of the World Health Organization (WHO), over 263,000 individuals on the planet are currently registered as being ill with AIDS, and this number continues to increase. Is there a real possibility we will be able to stop the "20th century plague"? This is the subject of discussion between ARGUMENTY I FAKTY correspondent Yu. Sigov and A. Sorokin, academic secretary of the Interdepartmental Council on AIDS Scientific Problems.*

*As of this June, data shows that the AIDS epidemic has encompassed 156 countries, including the USSR. In this regard, the WHO report published at the 6th International AIDS Conference recently held in San Francisco noted that the true figure for people in the world ill with AIDS exceeds 600,000, and that the number of HIV-infected individuals is expected to reach 20 million by the year 2000 (presently they amount to about 8 million).*

*AIDS has struck all continents except Antarctica. Most of those ill with AIDS are in North America—160,000 cases (130,000 of which are in the United States), Africa—65,000, and Europe—35,000 (France—9,000, Italy—6,000, Spain—5,500, etc.). A small number of people ill with AIDS are to be found in the countries of Asia and Australia.*

**Sigov:** What is the latest data on people ill with AIDS in the USSR?

**Sorokin:** The first person ill with AIDS in our country was registered in March 1987. As of June of this year, 512 HIV-infected cases were registered, of which 39 were ill (22 people died, 14 of whom were children). In general, about half the HIV-infected cases in our country are children. Cases of infection have been identified in 12 Union republics; most of the infected individuals are in Moscow (25 percent of the total) and the majority of these exhibit a combination of HIV-infection and syphilis.

Predictions for the spread of the infection in our country are distressing—by the end of 1990 we are expected to have 1,600 cases of HIV-infection, by 1992—24,000, and by the year 2000—about 1.5 million cases.

**Sigov:** Who in our country is engaged in the fight against AIDS and what funds are being spent by the state to cure this dangerous illness?

**Sorokin:** In addition to the USSR Ministry of Health and the USSR Ministry of Medical Industry, 10 various councils, commissions, and associations in the country are engaged in the fight against AIDS: the All-Union Extraordinary Anti-Epidemic Commission, and a governmental commission established in accordance with the law recently adopted by the USSR Supreme Soviet "On the Prevention of AIDS." Their actions are not being coordinated, however, and they lack financial support. For example, it was not until April of this year that R1.5 million were allocated to our council for fundamental research. And funds have not been allocated at all for the "main" sectors of the fight against AIDS, in spite of appeals to the government. Nor do we have hard currency [valyuty]. For comparison purposes I will state that the cost of eliminating just one in-hospital outbreak of HIV-infection came to R1.5 million.

**Sigov:** And how is the fight against the AIDS epidemic going abroad, particularly in the United States?

**Sorokin:** As the country with the greatest number of AIDS cases, the United States is devoting a tremendous amount of attention to this problem. Expenditures for fundamental AIDS research alone will amount to \$2 billion in the United States in 1991. About \$16 billion will go to treatment and \$388 million will be spent on providing AIDS education to the public. Significant funds are expended on the fight against AIDS in other countries: 1 billion francs in France, 80 million marks in the FRG, etc.

Incidentally, discrimination or victimization directed against individuals ill with AIDS is punishable by law in countries abroad. Thus, an employer in France will be fined 40,000 francs for refusing to accept an HIV-infected individual for employment. We sometimes see cases where infected people are not accepted for employment and are refused treatment and hospitalization. Unfortunately, the law recently adopted "On the Prevention of AIDS" makes no provision for specific sanctions against discrimination directed towards AIDS victims.

**Sigov:** What methods are now being used to treat AIDS in the USSR and abroad?

**Sorokin:** The main drug used to treat AIDS here and abroad is azidotimidine [name as published], whose original synthesis technology was developed in the USSR Academy of Sciences. It was never introduced for mass production in the country, however. We are presently forced to purchase it abroad since we lack the raw materials, production capacity, and technical equipment to produce it.

Our scientists have also developed means of diagnostics as good as what is seen abroad ("Peptoskrin-2" [name as published], for example), but their broad-scale introduction has run into the same difficulties. Vaccines and preparations which suppress reproduction of the HIV virus are being developed in institutions of the USSR Academy of Sciences and Ministry of Health, but even the most optimistic predictions foresee for creation of a

vaccine in the USSR and in the United States no sooner than the year 2000. In addition, this research enjoys the broad support of the government and private firms in the West, while with us practically everything relies on the enthusiasm of scientists.

**Sigov:** The problem of the fight against AIDS is acquiring truly global proportions. Judging from everything, however, our government looks upon it as something secondary....

**Sorokin:** As early as 1985, academician R. Petrov spoke at a session of the Presidium of the USSR Academy of Medical Sciences and stressed the importance of AIDS-related work, but he was not understood. Unfortunately, judging from the funding being allocated to us by the government, this understanding is still absent. And the AIDS problem on the planet has long since passed out of the category of the medical and into the political sphere.

**Sigov:** And so we are lacking the most necessary things in the fight against AIDS—drugs and funding. Today our prominent political and state officials, various philanthropic organizations are purchasing single-use syringes abroad. To what degree will this help solve the problem of HIV-infection in the USSR?

**Sorokin:** The public health care experience of many countries of the world shows that even a full supply of individual protective means, single-use instrumentation and equipment by medical institutions and the population, has no decisive influence on the rate and nature of spreading the epidemic. We do not only lack single-use

syringes, but blood transfusion systems, chain [kolchuzhnyy] gloves for protecting surgeons' hands, and much more. It is shameful to admit, but imported condoms cost R10 on the black market, and ours in drug stores have simply disappeared. But this is a fundamental means of AIDS prevention! And we do not have them.

**Sigov:** So what must be done to stop the spread of the AIDS epidemic in our country?

**Sorokin:** First of all it is necessary to unite and coordinate the efforts of state and social organizations in the fight against AIDS. This is presently the job of a governmental commission headed by a deputy chairman of the USSR Council of Ministers, but it is evident that it will not have all the authority necessary to solve the problem. I would remind people that a similar commission in the United States was headed by President Reagan. We should establish a state foundation for the fight against AIDS, develop international cooperation in combating this disease, and sharply increase financing for fundamental AIDS research, including hard currency financing. Additionally, preventive measures, AIDS education, beginning in the classroom, and the observance of moral standards and rules of conduct should also assist in preventing the spread of the AIDS epidemic in the USSR.

If we continue to fight AIDS as before, using only appeals, then the USSR will get the chance for the first time in history to catch up with America and overtake it (in numbers of HIV-infected cases).



## CANADA

**Health Minister's New AIDS Strategy Criticized**

90WE0260 Ottawa THE OTTAWA CITIZEN  
in English 29 Jun 90 pp A1, A2

[Article by Sharon Kirkey and Chris Hall]

[Excerpts] Critics Thursday accused the federal government of taking a year to produce a national AIDS strategy that does little to fight the disease.

Health Minister Perrin Beatty's long-awaited policy contains no new federal funding.

Medical experts and front-line workers are warning that if Canada doesn't commit more money to fight AIDS now, the country will spend millions more on treating and caring for patients in the future. [passage omitted]

The \$112 million discussed in the strategy is part of the \$168 million the government set aside for AIDS projects in 1988.

The policy was also criticized for failure to address important issues such as rising hatred of homosexuals, immigration restrictions and the lack of programs for prison inmates. [passage omitted]

The strategy, unveiled at a national public health conference in Toronto Thursday, calls for a secretariat to co-ordinate the government's fight against AIDS, a new research network and directing more money to AIDS organizations.

Dr Ian Gemmill, Ottawa-Carleton's associate medical officer of health, said the strategy holds out strong hope for the region's proposed \$300,000 needle exchange program.

A spokesman for the Canadian AIDS Society, which will see its annual funding rise by 50 percent to \$7 million each year, called the strategy a step forward.

"The minister has brought us to where we should have been four years ago," said Joan Anderson, chairman of the AIDS Society.

But Anderson said the policy lacks "concrete action and direction." [passage omitted]

There have been 3,824 cases of AIDS reported in Canada. However, it's estimated that the number of Canadians currently infected with the virus that causes AIDS could be as high as 50,000.

Health critic Chris Axworthy said the strategy rejects a call by the Royal Society of Canada for the government to amend human rights legislation to prohibit discrimination based on evidence of HIV infection, perceived infection or sexual orientation.

But, saying there is "no threat to public health posed by visitors infected with HIV," Beatty said he has asked the

Immigration Medical Review Board to review regulations on medical inadmissibility in Canada.

Beatty called the present immigration policy "unnecessarily restrictive and serves no useful purpose in the control of the disease."

He also vowed to return to the cabinet for more money before the three-year strategy expires.

**AIDS New Center, Health Workers' Protection, HIV Study****New Treatment Registry Center**

90WE0277 Toronto THE TORONTO STAR in English  
28 Jun 90 p A6

[Article by Kelly Toughill]

[Excerpt] A major new program is designed to tackle two of Canada's toughest AIDS problems—overworked physicians and rural patients who cannot find care.

The program sets up what is touted as the world's first comprehensive AIDS treatment registry, giving doctors and the public up-to-date information about things ranging from acupuncture to experimental vaccines.

Ottawa has pledged \$6 million to the registry for its first three years.

The registry will be based at the University of Toronto and should be operating within a year.

It will include information about virtually every AIDS therapy being tested around the world, said its designer, Dr Kathryn Taylor, of the physician behavior research unit at the University of Toronto.

Information will be collected from journals, news reports and individual doctors around the world and then reviewed by a panel of experts.

Doctors, patients or the public will be able to find out information about the therapies through a regular newsletter, computer hookup or from a toll-free telephone number she said.

Health Minister Perrin Beatty predicted yesterday that the program will encourage thousands more doctors to get involved in treating people with AIDS, thereby relieving overworked specialists and allowing patients to get treated outside major cities.

"It significantly advances our ability to make common cause in fighting AIDS and to provide the best possible medical care for Canadians who are forced to live with this disease," Beatty told a Toronto news conference.

The program was immediately hailed by AIDS activists and physicians.

Because the epidemic is only a decade old, most treatments used on patients are still experimental and new

treatments are constantly being developed. In addition to drugs created by university scientists and drug companies, non-traditional therapies such as herbal remedies are also being tried.

Keeping track of all the treatments being tested requires reading dozens of journals every month, something few doctors have time to do.

### Health Care Workers' Protection

90WE0277 Vancouver *THE SUN* in English  
3 Jul 90 p A8

[Text] Winnipeg—Governments are needlessly spending hundreds of thousands of dollars on expensive and ineffective measures to protect health care workers from AIDS, a new study says.

The conclusions of the study done at an unidentified 450-bed hospital in Hamilton, Ont., were published in the Canadian Medical Association Journal.

The review, conducted by Dr Ralph Bloch, Dr Susan Stock and associate professor Amiram Gafni of McMaster University, estimated that precautions against the fatal disease cost \$315,000 a year at the hospital.

The methods now in use, developed by the United States Center for Disease Control and adopted in Canada and elsewhere, focus mainly on the use of latex gloves and impermeable gowns, goggles and masks.

The analysis suggests their use is meant to calm fears of hospital workers who are afraid of catching acquired immune deficiency syndrome.

"That's because AIDS is a very emotional thing," Gafni said recently.

The study found the risk of infection by the HIV virus is 0.36 percent for needlestick injuries and even less for other means of exposure.

The year-long analysis included a review of literature on the subject as well as the study at the Hamilton hospital.

AIDS is a virus which attacks the body's immune system, making it difficult to fight diseases. It's spread mainly through sexual contact and blood.

As of June 25, there were 3,834 cases of AIDS reported in Canada. There were 2,886 known deaths reported.

Medical spokesmen agreed the costs are high and risk of transmission is low, but they said it will take more than one study to change the rules.

Alan Meltzer, senior medical adviser at the federal Center for AIDS, said the federal government will continue to support the current precautions.

"You can jab yourself with a needle and it will go right through the glove so we all agree that they are no protection," Meltzer said.

### HIV Incidence Project

90WE0277 Windsor *THE WINDSOR STAR* in English  
12 Jul 90 p C12

[Text] Canada will likely record its 4,000th case of AIDS this month.

But knowing that fact is of small comfort—and little use—to researchers trying to uncover the extent of what they call a hidden epidemic.

More than a decade after a case of acquired immune deficiency syndrome was discovered in Canada, determining how many people could get the disease remains a guessing game.

Federal researchers estimate up to 50,000 Canadians are infected with HIV, the virus that causes the disease. AIDS cripples the immune system's ability to ward off life-threatening infections and illnesses.

But estimates of the number of HIV infections in Canada have ranged from 10,000 to 100,000 over the past five years.

Earlier predictions about how many people would get AIDS have proven wildly inaccurate—in the mid-1980s some researchers speculated there might be 20,000 cases by 1990.

"There really is a lot of guesswork, a lot of seat-of-the-pants stuff," said Dr Alastair Clayton, director of the Federal Center for AIDS in Ottawa.

"It's very imprecise, which is why we want to do it properly."

Figuring out how many Canadians have HIV is one of the research priorities of the federal government's national AIDS strategy, which Health Minister Perrin Beatty announced last month.

Determining who is HIV-infected will help identify high-risk groups and how the disease is spreading, focus prevention programs and tell policy-makers how much of a future burden AIDS will be on the health-care system.

The extent of AIDS is now monitored by reporting cases. Since 1979, 3,950 cases have been reported to the federal government and 2,321 of those AIDS patients have died.

Doctors across Canada are required to report fully developed cases of AIDS to the center.

But AIDS statistics don't reveal who is HIV-infected. People who develop AIDS could have been infected five to 12 years earlier.

About 20,000 blood tests in Canada have shown HIV infection. But many of the tests could have been repeats on the same person and some provinces, such as Quebec, don't require doctors to report HIV infections, said Clayton.

Also, many infected people don't have themselves tested.

Clayton said the best way to discover how many people are infected would be to test five or 10 percent of Canadians.

But that's impractical so researchers must conduct tests on target groups and try to piece together who is infected, he said.

"If you get enough pieces of the jigsaw you can put them together and get an understanding of the overall (infection) rate," said Clayton.

The number of new cases has levelled off in the past couple of years.

So far 919 new cases have been reported for 1989, although there could be more reports from that year still to be filed with the AIDS center.

## DENMARK

### Anonymous Register For HIV-Infected

90WE0257A Copenhagen INFORMATION in Danish  
27 Jun 90 p 4

[Article: "HIV-alert: Anonymous Register for HIV-positive"]

[Text] From August 1, all persons who are found to be HIV-infected will be registered at the State Serum Institute. The HIV-infected persons will be entered anonymously in the register which will only contain information about sex, age, place of residence, county, and the way the person became infected if known.

The anonymous registration of the HIV-infected is the most recent initiative of the health authorities to gain a broader overview over the way this feared HIV-virus is transferred. So far, all infected persons have developed AIDS.

### Sex Habits Of HIV-Infected Studied

90WE0257B Copenhagen LAND OG FOLK in Danish  
23-24 Jun 90 p 6

[Article by Ritzau: "Unsafe Sex"]

[Text] Not all HIV-infected persons follow the message about safe sex. In 1989, 31 HIV-infected persons at the Rudolph Bergh Hospital Clinic for Venereal Diseases in Copenhagen were treated for a new sexually transmitted disease after they had been diagnosed infected with the HIV-virus which causes AIDS.

The survey is discussed in the magazine AIDS-News which is published by the Health Administration's AIDS Secretariat.

For at least two years, 23 of the 31 persons had known that they were HIV-infected. Of the 31, 27 were homosexuals, and three men and one woman were drug users.

After the HIV-infection, they contracted gonorrhea, syphilis or chlamydia which all are bacterial infections transmitted sexually. The clinic continues to diagnose one to two new HIV-infected persons a week.

## FINLAND

### Soldiers Returning From Namibia Boost AIDS Figure

90WE0252A Helsinki HELSINGIN SANOMAT  
in Finnish 19 Jun 90 p 10

[Article: "Every 10th Namibian Soldier Contracted Some Venereal Disease"]

[Text] The venereal disease instruction issued by the Armed Forces does not reach or have an effect on soldiers on peacekeeping missions because about 10 percent of the men contracted some sexually transmitted disease during a tour in Namibia.

Of the 900 men who served in Namibia, three were infected with the HIV virus and nearly 100 with other venereal diseases, most with chlamydia and a few with gonorrhea.

Most of those who contracted chlamydia or gonorrhea were treated right at their places of service.

According to the head of the Finnish UN office, Lieutenant Colonel Bjarne Ahlqvist, the defense forces have done all they could to enlighten the men. Instruction is given both in Finland and at the places of service. The men can also obtain as many condoms as they want free of charge from the health care points in each unit.

"If a man's head is so thick that knowledge will not go into it, what can we do?" said Ahlqvist.

According to Ahlqvist, what the soldiers brought back from Namibia, with the exception of AIDS, is not even the worst case. Sometimes among UN troops who have served in the Middle East, as many as seven to 10 venereal disease cases are found per month for each 500 men.

In the first years of the last decade, at times leave trips to Bangkok and Kenya were totally prohibited for the peacekeepers when it was found that a large proportion of those returning from "sex leaves" contracted venereal diseases during the trips.

The chief epidemiologist of the Armed Forces, Lieutenant Colonel Erkki Visakorpi, for his part believes that the Armed Forces can still improve their instruction. They intend to distribute more information about venereal diseases than at present to new peacekeepers, especially before they travel abroad.

At present, about 1,000 men work as peacekeepers in UN assignments in the Middle East and Golan. Most of the infantrymen are about 25 years old, and 80 percent of the peacekeepers are single.

According to week-old statistics, 23 new AIDS cases have been found in Finland this year. The figures include the Namibia soldiers. A large part of the infections had their origins abroad.

In all of Finland, 304 AIDS cases have been registered to date, of which 40 new ones were discovered last year. A good half of the AIDS cases are estimated to have their origins abroad.

The development of the HIV infection into AIDS takes seven to eight years. Before the onset of actual AIDS, the infected person may be completely symptomless.

Last year about 13,800 chlamydia cases were recorded in Finland, of which six to eight percent had their origins abroad.

Over 2,600 gonorrhea cases were found last year, of which 12-15 percent were acquired abroad.

The Helsinki City Epidemiologist, Timo Rostila, considers the UN soldiers who "only" caught chlamydia or gonorrhea on their Namibia trip to be lucky because it would have been just as easy to catch the HIV virus from unprotected sexual relations.

From the standpoint of venereal diseases, the riskiest area at present is Thailand. Finns bring back from Thailand about 2,000 venereal-disease infections per 100,000 tourist weeks. In a trip to Spain, the risk is 100 infections per 100,000 tourist weeks.

## SWEDEN

### Researcher Defends Isoprenosin in HIV Treatment

90WE0282C Stockholm DAGENS NYHETER  
in Swedish 21 Jul 90 p 6

[Article by Lars-Ingmar Karlsson: "Drug Can Help HIV Positives"]

[Text] The drug isoprenosin can delay the onset of AIDS in HIV positive patients. This is the conclusion reached by a study done on nearly 900 patients in Sweden and Denmark.

Out of the approximately 400 patients who received isoprenosin for six months, two developed AIDS. The second group, with about the same number of patients, received no drugs and 17 people in that group came down with AIDS.

Isoprenosin is not yet approved in Sweden. However the drug can be obtained by special prescription to strengthen the body's immune system.

It was this property which led researchers to try the drug on HIV positive patients. When HIV positives develop AIDS, this means that their immune system has been weakened.

### Many Questions

Isoprenosin now gives new hope of finding ways to treat HIV positives and persons with AIDS. But there are still many questions about the preparation.

"We don't know how isoprenosin works in the body. The only thing we know is that patients who have taken the drug do not develop AIDS at the same rate as those who have not taken the preparation," said Gunnar Norkrans, a lecturer at the Ostra Hospital in Goteborg. He was one of the researchers who participated in the project.

"Patients who have not yet developed AIDS can get isoprenosin if they request it. However for persons with AIDS, we prescribe AZT. We know for sure that it works on persons with AIDS," Gunnar Norkrans said.

The Swedish-Danish study was published in the highly respected medical journal THE NEW ENGLAND JOURNAL OF MEDICINE. The journal commented on the Nordic study in its editorial and pointed out that isoprenosin had also been studied by American researchers. They had not found that isoprenosin could delay the onset of AIDS. They could not explain why the studies, which had been conducted in slightly different ways, had come to different conclusions.

### Results in the Fall

"We believe our study clearly shows that isoprenosin is really effective. It can hardly be a coincidence that only two people treated with isoprenosin developed AIDS while 17 who did not developed the disease," said Gunnar Norkrans.

The next step in the study is to see how patients have been affected after one year of treatment. Those results are expected to be ready in the fall.

### Only 1 of 32,000 Pregnant Stockholmers HIV-Positive

90WE0282B Stockholm DAGENS NYHETER  
in Swedish 13 Jul 90 p B 1

[Article by Pia Skagermark: "One Out of 32,000 Pregnant Stockholmers HIV-Positive"]

[Text] Last year 32,000 pregnant women were tested for HIV in Stockholm county. The tests cost over three million [kronor] to perform.

Only one infected person was discovered.

The infected Stockholm woman is an immigrant from a country which is viewed as being a high-risk area for AIDS.



"Obstetricians pay a lot of attention to women who have moved here from Africa, for example. Expectant mothers are offered an HIV test in all circumstances," said Brith Christenson, chief of infectious diseases at the Karolinska Hospital.

224,000 so-called HIV antibody tests have been performed at the county's obstetrics centers in the past four years. 21 persons were found to be infected. Ten of the women were immigrants from Africa, three were intravenous drug users, and seven had been infected through heterosexual partners. One person had contracted HIV through a blood transfusion.

These results make it necessary to examine mass testing, Christenson believes.

"When resources are tight, we cannot just let such activity continue. I wonder whether it's necessary to test all expectant mothers."

Brith Christenson suggests general testing should be halted within two years.

"It's easy to start mass testing but even harder to call a halt to it. The issue is a sensitive one but must be discussed."

Performing one HIV test costs the Stockholm county council approximately 100 kronor. The test is offered to all pregnant women and 99 percent of them take it.

Up through and including last year, 77,500 expectant mothers had had the test at the county's obstetrics center.

"We could have discovered the few cases of HIV infection even without the general testing," Brith Christenson said. Last year, for example, five cases of HIV infection were detected among pregnant women in Sweden—all were immigrants from high-risk countries and for that reason the test would have been offered to them.

But mass testing can be valuable too, Christenson pointed out. It gives a good picture of which individuals in a society get infected, and it acts as an alarm clock if any new group gets affected by the infection.

The county council's health and health care committee is of the same opinion. In a report last spring, the committee wrote that general testing within the obstetric care network should be maintained. In the long run, however, testing should be directed at those groups with high risk behavior, the health and health care committee stated.

Of the 77,500 women who have had the test in Stockholm county, nine were infected. Six of these were already known to the obstetric care system as being HIV infected.

### Scholar Argues Free Syringes Reduce HIV Rate

90WE0282A Stockholm SVENSKA DAGBLADET  
in Swedish 23 Jul 90 p 3

[Guest commentary by Kerstin Tunving, a lecturer in social psychiatry at the University of Lund: "While There Is Still Time, Clean Syringes Can Save Lives"; first paragraph is SVENSKA DAGBLADET introduction]

[Text] [Excerpts] It is cynical not to want to use every means at our disposal to fight AIDS, Kerstin Tunving believes.

In SVENSKA DAGBLADET's 13 July issue, Anna Lindh attempts to portray me as a liberal on drugs. So she links me with the well known drug liberal Christian Gergils and states that both of us want to have "free" syringes. Furthermore she states that both of us defend countries which have a more liberal narcotics policy than Sweden.

Gergils will answer for himself, but as for me, I will say only: "pure damned fiction."

I have never "defended" the narcotics policies of other countries; on the contrary, I pointed out to Anna Lindh (in SVENSKA DAGBLADET) that her examples from other countries were not particularly well chosen. I wish neither to liberalize drug policies nor to have "free syringes." What I do want is for the approximately 15,000 intravenous drug users we have in this country to be given the opportunity to avoid the HIV infection via special medical efforts of the dispensary model so that they learn that they cannot use other people's hypodermics which could infect them. Thus it is merely a question of doing things under medical supervision, e.g. supplying clean syringes to known intravenous drug users. At issue is a complement to the health care given to drug users. How often does this have to be pointed out?

At drug treatment facilities in Lund we have always taken a firm stand against drugs and in favor of therapy and have obstinately refused to sail on different waves of public opinion, be they called restrictive or liberal. [passage omitted]

### Swedish Conditions

Yes indeed, there are [other conclusions to be drawn from the fact that Sweden currently has fewer drug and HIV/AIDS problems than the rest of the world], but at the same time she [Anna Lindh] refuses to draw any conclusions on the basis of local Swedish conditions. In the Lund public health system, which has one of the country's highest percentages of drug users, we have not had a single HIV-infected intravenous drug user since the syringe exchange program began in 1986. During the same time period only eight drug users in all of Skane were infected. However, in the Stockholm area, where it is forbidden to distribute clean syringes, the epidemic is spreading at the rate of one infected drug user a week.



Despite all efforts by the public health system, there are close to 80 drug addicts considered by the welfare authorities to be carriers. In practical terms, all the heroin addicts who are now being put on methadone are already considered as HIV-infected. Are there no conclusions Anna Lindh can draw from this comparison?

Next, on to Anna Lindh's assertion that handing out syringes is incompatible with science and empirical experience. Her support for this claim is "the medical expertise in the Medical Society and the National Social Welfare Board." What sort of expertise is this? In 1988 and 1989, both the Medical Federation and the Medical Society, as well as important client organizations such as the National Federation for Assistance to Drug Abusers [RFHL], the National Organization of People with Alcohol Problems [ALRO], Verdandi, and Noaks ark/Red Cross expressed their support for a syringe exchange along the medical lines we are using. But it was clearly difficult for the National Social Welfare Board. In this instance it would be more precise to talk of not knowing what leg to stand on.

Contrary to Anna Lindh's assertions, our program has had huge support among Swedish physicians. This is due to the fact that our model is precisely a Swedish model. In fact the syringe exchange program has been adapted to the restrictive Swedish model, and offers clean syringes only in combination with medical help. There is a big difference between this and the public syringe dispensers of the sort used abroad. With the exception of Sweden, every country in Europe has over-the-counter sales of syringes in pharmacies. This is done in line with WHO recommendations about making clean syringes more accessible.

That such should be the case has been obvious for several years.

Anna Lindh now makes much of the fact that WHO has said that syringe exchange programs should be implemented "where appropriate," which I did not quote. Anna Lindh thinks that "appropriate" areas would mean Africa, Asia, and the Americas, where they have already lost control over drugs and the HIV epidemic. In Sweden such a program would not be desirable or appropriate because here we have everything under control.

Quite the contrary, I say. Sweden is an extraordinarily appropriate country in which to have clean syringes precisely because the infection has not yet begun to run amok. Once it has started, it is practically impossible to stop it. In Sweden we are in a privileged position, and preventive attitudes can pay off. On the other hand, if we follow the Stockholm line (banning clean syringes), Sweden runs the risk of landing in just such an uncontrollable situation.

Distributing clean syringes to well known intravenous drug users to save them from a deadly disease is not—as Anna Lindh asserts—sending out mixed signals. Every school child in this country knows it is forbidden to sell drugs. These youths are also well enough informed and clever to understand what is at issue. They do not misinterpret the signals any more than the drug users do. No one but Anna Lindh and those who share her outlook do.

#### **Cynical and Inhumane**

Once again: It is cynical and inhumane not to want to use all the means at our disposal to fight the deadly and thus far incurable disease of HIV/AIDS. We cannot in good conscience write, as former Minister of Social Affairs Gertrud Sigurdson did in the above-mentioned DAGENS NYHETER article [11 November 1989]: "The fight against HIV/AIDS among drug users will be fought on many fronts—thought not by distributing clean syringes." Clearly this is just what Anna Lindh believes too.

**END OF**

**FICHE**

**DATE FILMED**

10 Oct. 1990